

44
COUNTY BOROUGH OF EASTBOURNE



THE LAST ANNUAL REPORT

of the

Medical Officer of Health

for

1972-1973

on the

**Health, School Health and
Meteorological Services**

and as

Medical Referee to the Eastbourne Crematorium

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.
Medical Officer of Health and Principal School Medical Officer

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Medical Officer of Health

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ANNUAL REPORT

HEALTH SERVICES DEPARTMENT
AVENUE HOUSE
EASTBOURNE

*To His Worship the Mayor and to the Aldermen and Councillors of the
County Borough of Eastbourne*

MR. MAYOR, LADIES AND GENTLEMEN,

It falls to me to have the honour to present the last Annual Report of a Medical Officer of Health which will be published during the lifetime of the present County Borough. The Report is the 81st in the series and in view of the special circumstances of the present time, relates in its narrative to the calendar years 1972 and 1973. It is to be hoped that it may be possible for someone connected with the present Department who may survive reorganisation to produce a statistical supplement relating to 1973. Better still, it is to be hoped that there may be statutory provision for the continuation of Annual Reports and in a form that may enable valid comparison in the future with the mine of statistical and other information which these reports have contained.

The opportunity has been taken to include a brief history of the earlier years of this Department and some of the personalities connected with it, which immediately follows this preface.

In the light of staff involvement with the requirements of reorganisation, the development of other new Services has during this interim period been minimal and, on the whole, confined to modest but necessary increases of staff in relation to increased demand. The opportunity was, however, taken during 1972 to implement Department of Health Circular 13/70 and to adopt a "Mayston" structure for the public health nursing services and to create the required new post of Director of Nursing Services in which connection we welcome Miss F. M. Wells.

Statistical

There was a continuing slight decline in the Birth Rate which accounts for some, though possibly not all, of the fall in attendances of children at child health clinics. A further rise in the illegitimate Birth Rate to 13 brings the level to the highest ever recorded locally.

There was an improving response in birthday and other pre-school examinations for the early detection of developmental abnormalities. There was also an improved response of expectant and nursing mothers in attendances for dental care, together with a noteworthy increase in conservative dental and orthodontic treatment and of the number of children examined.

Noting the mid-1972 population of 70,220 it is of interest to record a net increase in population of some 13,500 since 1952. During the same period there was an excess of deaths over births of some 9,000. From

which it follows that the number of new immigrants in the County Borough was at least 22,500 over that period. The rate of increase of population was considerably greater during the second of the two decades.

Nutritional Education

In furtherance of departmental conviction that the encouragement of healthy eating habits is one of the most important steps in the promotion of health in all age groups, I am pleased to report in 1972 the appointment of Miss B. E. French in the newly established post of Senior Dietitian. This is a joint appointment with the Eastbourne Group Hospital Management Committee. As well as advising in specific clinics in respect of such conditions as obesity and diabetes the dietitian is rendering invaluable help in maternal and child health clinics, homes for the aged and domiciliary meals for the aged. Eastbourne is one of only 23 local authorities who employ dietitians.

The Ambulance Service

Reorganisation will necessitate the termination on 31st March 1974 of a much valued agency arrangement with the Eastbourne Division of the St. John Ambulance Brigade. This agreement has been in operation since the last appointed day but the Brigade has a history of operation of the ambulances in Eastbourne long before the National Health Service and notably during the last war.

The use of St. John personnel on a full-time paid basis has enabled above-average skills to be deployed in the manning of vehicles—skills devolving from a very high standard of first-aid training. Until very recently Brigade members in a voluntary capacity, including full-time members of the ambulance staff, undertook evening and week-end duties in running the service.

Brigade teams, which included a number of ambulance staff, regularly achieved very high placings in national and regional first-aid and ambulance competitions. The Ambulance Depot has been the regular repository of many splendid and hard-earned cups and trophies.

Much of the prestige of this invaluable agency service has stemmed from the leadership and enthusiasm of the late Superintendent A. J. Burnage, and of his successor Superintendent W. E. Field. The residents of the County Borough of Eastbourne and those of the neighbouring county districts served by the Service owe a very considerable debt of gratitude to these two Officers and the Eastbourne Division of the St. John Ambulance Brigade.

Staff Retirements

One of the voluntary activities of the staff of this Department so important to morale and one for which I take no credit, is the laying on of memorable farewell parties to members of staff who leave.

There is always a colourfully welcoming background, as often as not an illuminated address and a decorated cake and invariably mouth-

watering refreshments lovingly prepared at home by colleagues. It is invidious to mention names in this connection but no one will grudge reference to the activities of Miss M. G. Hemming and Mrs. D. I. Dale.

All the above was manifest at the respective farewells given to Miss N. E. Russell, Superintendent of Home Nurses and Midwives, and Miss M. S. Hardy, the Section Clerk to the Home Nurses. Miss Russell, who retired after 42 years of nursing, came to us in 1958. She formerly also had charge of the Home Help Service before our first taste of reorganisation. Notwithstanding considerable adversity of family and personal health, bravely borne, Miss Russell secured the development of the Home Nursing Service at a time of rapidly increasing demand and the worst ever shortage of hospital beds for the aged sick. Miss Russell was instrumental in starting the Night Nursing Service and the sterilised dressing unit which has proved so invaluable.

Miss M. S. Hardy joined the Department at the outset of the post-war National Health Service having been previously the Organising Secretary of the District Nursing Association. Her loyal, cheerful presence is greatly missed. We wish both she and Miss Russell all health and happiness in their well-earned retirements.

Acknowledgements

I will not disguise feelings of very real sorrow that reorganisation necessitates the abolition of the County Borough and the disintegration of a team of Chief Officers with whom it has been a pleasure to work. It is at least heartening that some of these will remain to serve the new Eastbourne District Council whose administrative territory remains at the outset the same as that of the County Borough. It is also pleasing to note that the new Council has already recognised the importance of environmental health by establishing a separate department which I am happy to note will be presided over by Mr. E. Edlington, with Mr. A. Matthews as his Deputy Environmental Health Officer. While this team prevails, I foresee no lack of liaison with medical officers of the new Eastbourne Health District whose boundaries extend to Seaford in the west to beyond Crowborough in the north.

At the time of writing this report we are honouring the retirement of our distinguished Town Clerk, Frank Busby. I thank him for the energetic help given so willingly in the advancement of the many health and welfare services for which this Department has been responsible during his time in office. His invariable availability to any citizen who wished to consult him has been a most splendid example to all of us.

Finally, to the staff of this Department, past and present, I wish to convey profound appreciation of their loyalty and support during my twenty-one years' service here. Within a working framework of delegation of the maximum responsibility to the individual and dealing with services and people in a field of considerable public sensitivity, I can recall no example of ever having been let down. On the contrary, vigilant action by staff has on numerous occasions anticipated situations of potential difficulty and danger. I would like to illustrate my thanks by special mention of the four now longest serving members of staff:

Miss D. M. Beetlestone (1945), Miss B. Douch (1942), Mr. L. G. Howard (1945) and Miss G. Woods (1945). Also particular appreciation to my two effective Deputies : Dr. W. J. Wigfield in respect of medical matters, and Mr. E. Tarbuck in respect of non-medical matters.

At the time of this report going to press scarcely more than three months from 1st April 1974, few—if any—members of staff yet know any detail of the job they will be doing when the County Borough's powers cease to exist. There are, however, significant safeguards in the Transfer Orders and related Regulations, and I very much hope and expect that there will be worthwhile jobs to be done in the reorganised Health Services for any who desire to continue.

Words of Comfort

The National Health Service Reorganisation Bill was published on 16th November 1972. The text for that day in *The Times* was most salutary for medical officers of health and others:

“... do not say, What use am I?
What good can the future hold for me?—
Ecclesiasticus 11, 24 (*New English Bible*)”

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,
Medical Officer of Health.

December 1973

THE EARLY HISTORY OF THE PUBLIC HEALTH DEPARTMENT, EASTBOURNE 1892-1952

*(From information contributed by W. L. Peck—formerly
Senior Administrative Assistant)*

Drs. Abbotts, Smith and Hayman in a book published in 1861 quoted statistics from the Registrar General's Report showing that at that time Eastbourne, with a population of nearly 11,000, had, over a period of 10 years, the lowest average mortality rate from which they concluded that it was the most healthy place in the country. Since that time there has been much additional statistical evidence to support that claim.

The “Infectious Diseases (Notification) Act 1889” was adopted by the Council of Eastbourne in October 1889, and the first notification recorded was received in January 1890. Before the adoption of the Act, a system of voluntary notification was in force for some two or three years but no records were kept.

In 1892 Dr. R. Dudfield, the Medical Officer of Health, reported that hitherto fluctuations in the death rate had formed the sole standard by

which the results of sanitary activity had been gauged, but since 1890 a new and far more valuable mass of information had been accumulating in the form of statistics of notification of disease and that the aim of sanitation was prevention.

Dr. W. G. Willoughby was appointed Medical Officer of Health in 1894, and in his report for that year considered that the perseverance of the Sanitary Authority in the prevention and abolition of nuisances and sanitary defects contributed to the absence of death and disease during the year, the total death rate being the smallest on record. Among the measures carried out in 1895 was the erection of a special hospital on "The Crumbles" in the Langney Point area, and the provision of an Isolation Cottage (Acacia Villa).

1896 was the first year that all cases of Scarlet Fever were voluntarily removed to the Sanatorium. During the same year 54 cases of Enteric Fever were notified, and some 50 of these cases were due to the pollution of the Bourne Stream and the using of the water from that stream for drinking purposes. Dr. Willoughby incurred public wrath in his endeavours to close access to this stream but was later to see his successful efforts vindicated and praised.

In 1897 Eastbourne again had the lowest death rate in the United Kingdom with 8.96 per 1,000 and in 1898 fewer notifications were received than in any year since the Notification Act was passed. The "Sale of Food and Drugs Act" commenced on 1st January 1900 and the "Factory and Workshop Act" in 1901. Eastbourne was already a conference town by the turn of the century and in 1901 the Health Congress was held here.

1902 saw the opening of the extension to the Sanatorium, and of Seaside Baths. In 1904 the Motcombe Swimming Bath and Slipper Baths were opened. The death of Mr. W. Grant, the Chief Sanitary Inspector, occurred in 1903, and he was succeeded by Mr. E. G. Spears.

The Education (Administrative Provision) Act in 1907 directed that Education Authorities carry out regular medical inspection of the children under their care, and in 1908 Dr. Willoughby produced his first report as School Medical Officer, and in March of that year Dr. Alice Oberdorfer was appointed as Assistant Medical Officer of Health. The Notification of Births Act also came into operation on 1st April 1908. In 1909 the first school nurse was appointed.

Eastbourne became a County Borough on 1st April 1911, when at the same time the district of Hampden Park was added to the Borough, and the population of Eastbourne had now risen to 52,544. In this year the deaths from Infantile Diarrhoea which had been steadily falling for several years rose to a total of 37, and the cause was considered to be associated to the very high temperatures in August, September and October. Absence of refrigeration and horse droppings in the streets were always factors to be reckoned with.

There was a considerable increase in the number of cases of Scarlet Fever in 1912, the total reaching 451, one victim being Dr. Willoughby

himself. In the same year the Council's Tuberculosis Dispensary was opened.

In 1914 Dr. Nora Smith succeeded Dr. Muriel Bywaters as Assistant Medical Officer of Health and in July of the same year the new Gildredge Tuberculosis Hospital was opened. Miss R. Clark became a full-time Health Visitor in 1914 and the following year a part-time Health Visitor was also appointed. In 1916 Dr. Willoughby left for overseas service and in his absence the work was carried on by Dr. N. Smith with assistance from time to time by Dr. J. Adams. A Venereal Diseases clinic commenced in 1917 and Dr. J. Adams appointed as Medical Officer of the Clinic.

In 1918 under the Maternity and Child Welfare Act of that year a statutory committee was appointed under the chairmanship of Miss D. Chamberlain, who was to be associated as an elected member of the Council with all committees connected with the Department until 1948. A Home Help was appointed for the first time in 1919.

Under the Blind Persons Act 1920, the Council appointed a Special Committee and in the same year Dr. H. E. Coghill succeeded Dr. N. F. Smith as Assistant Medical Officer of Health. Also in 1920 a Maternity Home for confinements of married women was opened at 9 Upperton Road and the first council houses were occupied on 9th August, the application and allocation of tenants being carried out in the Health Department, which continued until being transferred to the Housing Department in April 1946.

Miss Hudson succeeded Miss Chamberlain as Chairman of the Maternity and Child Welfare Committee in 1920 and was also associated with all committees of the Department until her death in 1951, including an unbroken period from 1920 to 1940 on the M. and C.W. Committee, many of these as Chairman.

Miss Thornton was another member of the Council first appointed as a member of the Sanitary Committee in 1921, who served on all committees connected with the Department every year with few exceptions until her death in May 1961, both she and Miss Hudson being elected Mayor of Eastbourne on more than one occasion and later being elected Alderman.

In January 1925, with the changing pattern of infectious disease, Acacia Villa was adapted as an infant welfare clinic, and by 1928 the number of health visitors had increased to six. In May of the same year Dr. D. G. Churcher was appointed Clinical Medical Officer at the Gildredge Hospital on the death of Dr. W. Muir Smith.

Diphtheria which in the period 1882-1891 had an average annual death rate of 25·8 had, with the exception of a few bad years, shown a gradual decline, but in 1929 there was an unusually severe outbreak, 145 cases being notified and causing 10 deaths. Thereafter the number of cases gradually became smaller, until after the last war the disease, with the influence of immunisation, virtually became non-existent.

The administrative section and Public Health Inspectors were transferred from the Town Hall to Avenue House in 1930, though the

M. and C.W., Tuberculosis and Venereal Disease Clinics continued to operate at the Town Hall until the present Clinics adjoining Avenue House were built and opened on 20th May, 1935.

The work of the old Board of Guardians was transferred to the Borough Council in 1930 under the Local Government Act 1929, increasing the work in the department, particularly M. and C.W., Blind Persons, Mental Defectives, Boarded Out Children and Persons in Institutions. During the same year a mild outbreak of smallpox occurred in January and February when 35 cases were notified, but none fatal. On 1st July 1930 Mr. A. Lindfield was appointed as a Sanitary Inspector.

The transference of a section of the population to the new housing area of Hampden Park necessitated the opening of a new clinic centre in that area on 1st January 1932.

Dr. John Fenton commenced his duties as Assistant Medical Officer of Health on 6th June 1933, on the retirement from that office of Dr. E. H. B. Coghill.

The Eastbourne Extension Act 1937, brought the inclusion of parts of the adjoining parishes of East Dean, Friston, Jevington, Westham and Willingdon into the Borough.

1938 saw the introduction of the Air Raid Precautions Casualties Services and the commencement of training of the volunteers under the supervision of the Medical Officer of Health.

1939 was to prove a very eventful year commencing with the introduction of the Local Government Superannuation Act, 1937, and the retirement of Dr. W. G. Willoughby, Medical Officer of Health, after 45 years, Mr. J. H. Ollett after 49 years as a Sanitary Inspector, and of Miss R. Clark, Senior Health Visitor. Dr. J. Fenton succeeded Dr. Willoughby as Medical Officer of Health and Mr. A. Lindfield succeeded Mr. Ollett as Senior Sanitary Inspector. Dr. Parkman (now Medical Officer of Health at Hastings) was appointed Deputy Medical Officer of Health in succession to Dr. Fenton. Mr. M. G. Berry was appointed as the first full-time Dental Surgeon in the same year.

1939, with the outbreak of the second world war, saw large numbers of evacuees arriving in Eastbourne, but by 1940 with the threat of an invasion Eastbourne became an evacuation area instead of a reception area, many people leaving the town. Owing to the frequent enemy bombing with the railway station one of the main targets, the Health Department was transferred to Eversley Court, St. Annes Road, where accommodation was also provided for the first-aid parties.

A wartime nursery was opened in Salehurst Road on 27th July 1942, and was continued as a Day Nursery after the war until the end of March 1954, when the building was used as a first training school for mentally handicapped children.

During Dr. Parkman's absence on military service Dr. Lowe had been appointed Deputy Medical Officer of Health, and on her resignation in August of 1943 it was not found possible to secure the services

of a full-time Deputy Medical Officer of Health and Dr. D. G. Churcher assumed the appointment on a part-time basis.

1946 saw the return from military service of Dr. Parkman, Mr. Berry and other staff members, and the Department returned to full strength.

Cavendish Lodge was opened as a Home with accommodation for 26 ambulant aged men in November 1947, and on 5th July 1948, the National Health Service Act of 1946, came into operation, bringing many changes, the various sections of the Act introducing new services to the Department such as Home Nursing, Domestic Help, Vaccination and Immunisation and services connected with the National Assistance Act of 1948. Services which were then taken over by the Regional Hospital Board included St. Mary's Hospital, the Infectious Diseases Hospital, the Maternity Home, Gildredge Hospital and the Chest Clinic.

A second day nursery was opened at Princcs Park, Wartling Road, on 16th September 1948. On 20th August 1948, Dr. Parkman left the Department to take up his appointment as Medical Officer of Health of Hastings, and Dr. J. R. D. Williams was appointed to replace Dr. Parkman as Deputy Medical Officer of Health. Another new appointment was made in 1948 when Dr. R. N. Chamberlain was appointed as Assistant Medical Officer of Health.

Mr. Little was transferred to the Department as Senior Authorised Officer on 5th July 1948, as was Mr. H. A. Hurt, Authorised Officer. In March 1949, Dr. E. M. Cumming was appointed Deputy Medical Officer of Health following the resignation of Dr. Williams.

Dr. Willoughby died in August 1949, having spent some of the last months of his life in St. Mary's Hospital under the medical care of Dr. I. M. Brown who later became Physician Superintendent and Consultant Geriatrician.

The Mass Radiography Unit made its first visit to Eastbourne from 2nd May to 29th June, 1951, and the response (8,202 persons attending) was most encouraging. In May of the same year Trevin Towers providing accommodation for 46 aged ambulant persons was the second home opened in Eastbourne under the National Assistance Act 1948.

In July 1952, Dr. Jessie Griffin replaced Dr. E. M. Cumming as Deputy Medical Officer of Health and Dr. Marjorie I. Godson was appointed Assistant Medical Officer of Health to succeed Dr. Griffin who had been appointed to that post on 1st August 1950.

Dr. J. Fenton resigned on 31st December 1952, on being appointed Medical Officer of Health at Hackney and was succeeded by Dr. K. O. A. Vickery who was Deputy Medical Officer of Health of the County Borough of Bournemouth.

Mention must also be made of other members of Council who were active in the affairs of the Committees related to the work of this Department during the later period under review. These include Alderman Miss G. L. Parker and Alderman Mrs. W. Lee.

HEALTH SERVICES AND SOCIAL SERVICES COMMITTEE

The Mayor 1972-73 :

COUNCILLOR J. W. ROBINSON

The Mayor 1973-74 :

ALDERMAN SIR SYDNEY CAFFYN, C.B.E.

Chairman :

COUNCILLOR J. ANGELMAN

Deputy Chairman :

COUNCILLOR MRS. K. E. RAVEN

Councillors :

T. G. FORD

R. G. HUTCHINSON

MRS. W. E. OUZMAN

C. G. SCOTT

T. W. WARD

MRS. P. I. WILKINSON

PUBLIC PROTECTION COMMITTEE

The Mayor 1972-73 :

COUNCILLOR J. W. ROBINSON

The Mayor 1973-74 :

ALDERMAN SIR SYDNEY CAFFYN, C.B.E.

Chairman :

ALDERMAN L. W. PYLE

Deputy Chairman :

COUNCILLOR MRS. W. E. OUZMAN

Councillors :

G. J. ANDERSON

C. H. LACEY

R. POYNTER

F. C. SOLLY

M. E. TUNWELL

T. W. WARD

HEALTH SERVICES DEPARTMENT STAFF

(in post at 31st December 1972)

Medical Officer of Health :

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.
(also Hon. Consultant in Epidemiology to Eastbourne Hospital Group)

Deputy Medical Officer of Health :

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

Senior Medical Officers :

MARJORIE I. GODSON, M.B., Ch.B., D.P.H.

(Certificate in Radiological Protection)

MARY SIMPSON, M.B., Ch.B., D.P.H., D.A.

Departmental Medical Officers :

MARION M. ASHFORTH, M.R.C.S., L.R.C.P., M.B., B.S. (Part-time)

MIRIAM FLORENTIN, M.B., Ch.B., D.P.H. (Part-time)

Chief Dental Officer :

A. J. LAWRENCE, B.D.S.

Dental Officers :

MR. B. W. BEECHING (until October 1973)

MRS. J. LAWRENCE, B.D.S. (Part-time)

MRS. E. V. NOVÁK (Part-time) 1972, Full-time from October 1973)

Chief Public Health Inspector :

EDWARD EDLINGTON (a) (b) (c)

Deputy Chief Public Health Inspector

A. MATTHEWS (a) (b) (d)

Public Health Inspectors :

J. J. BEVAN (b) (e) Senior

P. J. GRIGGS (e) (f)

L. G. HOWARD (a) (b)

C. T. MERRINGTON (e)

E. A. TIMLETT (e) (f) (g)

Pupil Public Health Inspectors :

D. BROOKS

S. A. KING

Technical Assistants :

S. A. HALL

(Certificate Technical Construction)

R. E. GUY

Qualifications :

- (a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.
- (b) Meat and Food Inspectors Certificate, Royal Society of Health.
- (c) Smoke Inspectors Certificate, Royal Society of Health.
- (d) Sanitary Science Certificate, Royal Society of Health.
- (e) Public Health Inspectors Diploma.
- (f) Diploma Air Pollution Control.
- (g) Meat Inspectors Certificate.

Director of Nursing Services :

MISS F. M. WELLS, S.R.N., S.C.M., H.V.Cert., N.D.N.Cert.

Area Nursing Officer :

MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.

Senior Nursing Officers :

MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.

MR. R. S. NEWMAN, S.R.N., Q.N.

MRS. J. E. RAINSLEY, S.R.N., Q.N.

District Nursing Officers :

MRS. D. ADAMS, S.R.N.

*MRS. J. M. BAKER, S.R.N., S.C.M., N.D.N.Cert.

MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.

MISS M. J. BUCKLEY, S.R.N.

MRS. S. BURNS, S.R.N.

MRS. P. D. CALDERWOOD, S.R.N.

MRS. E. EKREM, S.R.N., Q.N.

MRS. M. J. GRENFELL, S.R.N.

MRS. C. HEALY, S.R.N., R.M.N.

MR. F. JONES, S.R.N.

MISS E. M. LEE, S.R.N., Q.N.

MRS. S. MARKEY, S.R.N., Q.N.

*MRS. S. MATTHEWS, S.R.N., S.C.M.

MRS. G. MEEN, S.R.N., Q.N.

MISS K. PARLOW, S.R.N.

MRS. E. PATTERSON, S.R.N.

MRS. K. PEASGOOD, S.R.N.

MRS. A. C. PERKINS, S.R.N., S.C.M.

MR. A. ROTCHELL, S.R.N., Q.N.

MISS E. L. SHANAHAN, S.R.N.

MRS. S. M. SHANDLEY, S.R.N.

MRS. M. I. THORNE, S.R.N., S.C.M., Q.N.

MRS. C. WALKER, S.R.N.

MRS. M. C. WELLS, S.R.N.

MRS. P. WRIGHT, S.R.N.

**District Nurse/Midwife*

District Nurses :

MRS. V. I. APPLETON, S.E.N.

MISS R. J. BOWDEN, S.E.N.

MRS. H. DOWNING, S.E.N.

MRS. E. HOLTOM, S.E.N.

MISS K. NEWTON, S.E.N.

MRS. J. A. MILLICHAMP, S.E.N.

MRS. A. REYNOLDS, S.E.N.

MRS. C. SIMPSON, S.E.N.

MRS. H. S. TURNER, S.E.N.

MRS. A. M. URIDGE, S.E.N.

Nursing Auxiliaries :

MRS. D. B. M. BARTHOLOMEW

MRS. R. M. DUMBRELL

MRS. D. C. H. FORD

MRS. M. J. HOWE

MRS. O. LANGTON

MRS. M. LEEVES

MRS. Y. MCCALLUM

MRS. W. M. McDONAGH

MRS. L. MEWETT

MRS. P. PEARSON

MRS. V. D. ROWE

MRS. J. B. STEPHENSON

MR. E. G. TOMPSETT

Domiciliary Midwife :

MISS M. A. BENNETT, S.C.M.

Health Visitors :

MISS B. D. BEALE, S.R.N., S.C.M., H.V. Cert.
MISS M. A. BELLARS, S.R.N., S.C.M., H.V. Cert.
MRS. I. M. BRANDON, S.R.N., S.C.M., H.V. Cert.
MRS. M. K. CHAMBERS, S.R.N., S.C.M., H.V. Cert.
MISS A. M. CLARE, S.R.N., H.V. Cert.
MISS H. HAMILTON-MOSS, S.R.N., S.C.M., H.V. Cert.
MISS J. K. MITCHENER, S.R.N., H.V. Cert.
MRS. E. L. SNASHALL, S.R.N., H.V. Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V. Cert.
MRS. M. F. TOMSETT, S.R.N., H.V. Cert.
MISS V. J. WALTON, S.R.N., S.C.M., H.V. Cert.
MRS. V. WELLS, S.R.N., H.V. Cert.

School Nurses :

MRS. G. ARMSDEN, S.R.N.
MRS. P. J. STEER, S.R.N.

Student Health Visitor :

MRS. J. M. ELPHICK, S.R.N.
MISS D. E. J. WOODS, S.R.N., S.C.M.

Clinic Assistants :

MISS D. M. COX, S.R.N., S.C.M., H.V. Cert. MRS. G. M. ELPHICK, S.R.N.
MISS D. M. DOWNEY MRS. J. E. MOORTON
MRS. O. M. M. SCOTT, S.R.N.

Health Education Officer :

MISS M. G. HEMMING, S.R.N., H.V. Cert.

Health Education Assistants (Part-time)

MRS. V. BUCKLAND G. OLIVER

Child Guidance and School Psychological Services :

MISS M. P. LOGG, B.A., Dip.Psych., A.B.Ps.S., Educational Psychologist

**Officers attending Clinics by arrangement with the
South-Eastern Metropolitan Regional Hospital Board**

Consultant Orthodontic Surgeon :

D. G. F. ARDOUIN, F.D.S., D'Orth., R.C.S.

Psychiatrist :

HUGH V. W. ELWELL, M.A., L.R.C.P., M.R.C.S., D.P.M.

Speech Therapist :

MISS L. C. VICKERY, B.Sc. (Speech) to July 1973

Administrative and Clerical Staff :

E. TARBUCK, Chief Administrative Officer
H. MILLER, Senior Administrative Assistant

Administrative Assistants :

MISS B. DOUCH MISS G. E. WOODS
MRS. W. L. LEE D. E. MOSELEY

Secretary to Medical Officer of Health :

MRS. Y. J. WEEKS

Clerical Staff :

MRS. P. BALL (Part-time)	MRS. J. C. FOORD
MISS D. M. BEETLESTONE	MISS E. R. FRANCIS
MRS. E. COOPER (Part-time)	MRS. P. M. HEWETSON (Part-time)
MRS. W. M. DEAN (Part-time)	MRS. S. M. HOOK
MISS K. J. FARRINGTON	MRS. G. M. MORRIS
G. M. FITZHUGH	MRS. J. W. NETHERCOTT

Health Centre Receptionists :

MRS. M. SAWYERS (Senior)	MRS. E. J. MCTEAR (Part-time)
MISS J. M. NORMAN	MRS. B. M. GODFREY (Part-time)
MISS G. R. WYATT	

Dental Surgery Assistants :

MRS. D. J. ANDREWS (Part-time)	MISS J. A. DUMBRELL
MRS. K. A. COLEMAN	MISS E. J. HEATH

Chiropodists (Whole-time)

D. J. BETTLES, M.Ch.S., S.R.Ch.	J. D. MOULT, L.Ch., S.R.Ch.
J. F. BUNDY, L.Ch., S.R.Ch.	

Public Analyst :

T. E. RYMER, F.R.C.O.

Ambulance Officer :

W. E. FIELD

**OFFICES AND ESTABLISHMENTS OF THE HEALTH AND
SCHOOL HEALTH SERVICE DEPARTMENT**

Telephone No. Ext.

Headquarters, Avenue House	21333
Health Visitors, Avenue House Clinic	283
District Nurses and Midwives, Avenue House Annexe	287
School Health Service, Avenue House Clinic	282
Dental Service, Avenue House Clinic	272
Public Health Inspectors, Avenue House Annexe	293
Winifred Lee Health Centre, Wartling Road	20272
Child Guidance Clinic, 22 Tideswell Road	36636
Old Town Clinic, 2/4 Birling Street	33335
Hampden Park Clinic, Hampden Park Hall	53485
Langney Clinic, Langney Community Hall	61214
Ambulance Depot, Dursley Road	25345

BATHS

Motcombe Baths, Motcombe Road	21575
Seaside Baths, Seaside	22167

STAFF OF THE HEALTH SERVICES DEPARTMENT
AT 31st DECEMBER 1972

				<i>Full Time</i>	<i>Part Time</i>	<i>To tal</i>
Medical Officers .. .. .	..	..	..	4	2	6
Dental Officers .. .. .	..	..	..	2	2	4
Educational Psychologist .. .. .	..	..	..	1	—	1
Nursing Officers .. .. .	..	..	..	5	—	5
Health Visitors .. .. .	..	..	..	11	1	12
Home Nurses .. .. .	..	..	..	17	16	33
Home Nurses/Midwives .. .. .	..	..	..	2	—	2
Midwife .. .. .	..	..	..	—	1	1
Nursing Auxiliaries .. .. .	..	..	..	—	13	13
School Nurses .. .. .	..	..	..	—	2	2
Student Health Visitors .. .. .	..	..	..	2	—	2
Clinic Assistants .. .. .	..	..	..	—	5	5
Dental Surgery Assistants .. .. .	..	..	..	3	1	4
Health Centre Receptionists .. .. .	..	..	..	3	2	5
Speech Therapist .. .. .	..	..	..	1	—	1
Chiropodists .. .. .	..	..	..	3	—	3
Dietitian .. .. .	..	..	..	—	1	1
Physiotherapist .. .. .	..	..	..	—	1	1
Health Education Officer and Assistants .. .. .	..	..	..	1	2	3
Public Health Inspectors .. .. .	..	..	..	7	—	7
Pupil Public Health Inspectors .. .. .	..	..	..	2	—	2
Technical Assistants .. .. .	..	..	..	2	—	2
Rodent Operative .. .. .	..	..	..	1	—	1
Others—Cleaners, Caretaker, Drivers, etc .. .. .	..	..	..	2	9	11
Ambulance Staff (Agency Service) .. .. .	..	..	..	38	—	38
Administrative and Clerical .. .. .	..	..	..	15	4	19
				<hr/>	<hr/>	<hr/>
				122	62	184
				<hr/>	<hr/>	<hr/>

SECTION A

GENERAL

General Information

Vital Statistics (as supplied by the Registrar General)

Analysis of Births and Deaths

GENERAL INFORMATION

Situation

Latitude 50° 46' N.: Longitude 0° 17' E.

Elevation

The highest point is about 640 ft. above sea level on the Downs, sloping from the west to a minimum of 6·58 ft. above highest mean sea level in the east of the Borough.

Area

The area of the Borough is 11,356 acres, including foreshore (332 acres) and inland water (19 acres). This acreage includes downland which is preserved from building development.

Climate—80 years' average:

Temperatures: Means of Max. 55·8° F.; Means of Min. 45·5° F;
Sea 51·9° F.

Sunshine: Total 1811·0 hours; Daily 4·95 hours.

Rainfall: Total 31·48 inches; Days 163.

Eastbourne occupies a favoured situation on and at the foot of the eastern slope of the South Downs, facing the English Channel, with protection from prevailing westerly winds. Sunshine records are consistently among the highest recorded on the mainland.

Financial

NUMBER OF SEPARATE ASSESSMENTS: 34,579.

RATEABLE VALUE £4,343,702.

RATES: Domestic 83·5p. Mixed heraditaments 89p. Other 83·5p.

PRODUCT OF 1p RATE: £41,961.

Visitors to Eastbourne

The natural physical environment of the town accompanied by pleasant climatic conditions and fostered by the Corporation's efforts to provide supportive amenities, attracts holidaymakers in their thousands. Many of these see Eastbourne as an ideal place for retirement but unfortunately the growing proportion of elderly in the population is outstripping the provision of hospital, nursing home and community care facilities.

During the holiday period many extra demands are made on most services which are met within the resources of the department. A modern and fully equipped First Aid Centre is maintained on the sea front. Maintenance and staffing arrangements are undertaken by this department with the assistance of the Nursing Division St. John Ambulance Brigade.

VITAL STATISTICS

Estimated mid-year population 1972	70,220
Enumerated population Census 1971	70,715

Registered Births			Males	Females	Total
Live births—Legitimate	..	..	306	303	609
Illegitimate	..	..	50	37	87
			<hr/>	<hr/>	<hr/>
			356	340	696
			<hr/>	<hr/>	<hr/>
Still births—Legitimate	..	..	4	4	8
Illegitimate	..	..	—	1	1
			<hr/>	<hr/>	<hr/>
			4	5	9
			<hr/>	<hr/>	<hr/>

Deaths

All causes	633	817	1,450
------------	----	----	----	----	-----	-----	-------

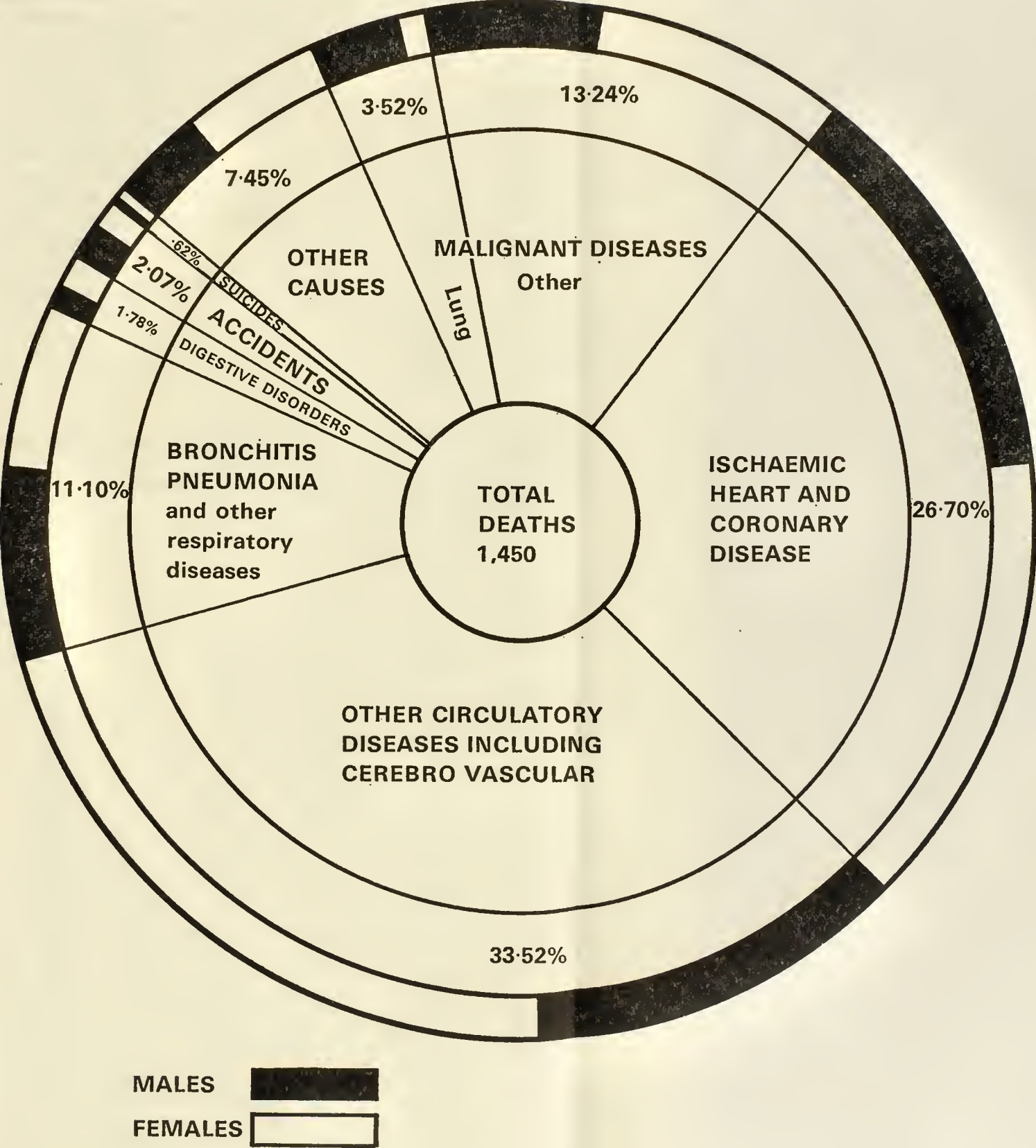
					Eastbourne	England & Wales
Live births:						
Number	..	..	..	..	696	725,405
Rate per 1,000 population	..	..	..	..	9.9	14.8
Live birth rate per 1,000 population after applying "Area Comparability Factor" (1-29)					12.0	—
Illegitimate live births per cent of total live births	..	..	..	..	13	9
Still births:						
Number	..	..	..	..	9	8,794
Rate per 1,000 live and still births	..	..	..	..	12.7	12
Total live and still births	..	..	..	..	705	734,199
Infant deaths (deaths under one year)	..	..	..	..	11	12,494
Infant mortality rates:						
Total infant deaths per 1,000 total live births					15.8	17
Legitimate infant deaths per 1,000 legitimate live births					14.7	17
Illegitimate infant deaths per 1,000 illegitimate live births					22.9	21
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)					8.6	12

	<i>Eastbourne</i>	<i>England & Wales</i>
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	7.1	10
Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	19.8	22
Maternal mortality (including abortion):		
Number of deaths	—	111
Rate per 1,000 total live and still births ..	—	0.15
Death rate (crude) per 1,000 population ..	20.7	12.1
Death rate after applying "Area Comparability Factor" (0.54)	9.9	—

Causes of Death

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Enteritis and other diarrhoeal diseases ..	—	1	1
Late effects of respiratory T.B.	—	1	1
Other Tuberculosis	—	1	1
Other infective and parasitic diseases ..	1	—	1
Malignant neoplasm, oesophagus	5	4	9
Malignant neoplasm, stomach	11	14	25
Malignant neoplasm, intestine	14	18	32
Malignant neoplasm, larynx	3	—	3
Malignant neoplasm, lung, bronchus ..	39	12	51
Malignant neoplasm, breast	—	19	19
Malignant neoplasm, uterus	—	8	8
Malignant neoplasm, prostate	12	—	12
Leukaemia	2	3	5
Other malignant neoplasm	32	47	79
Benign and unspecified neoplasms	1	3	4
Diabetes Mellitus	2	6	8
Other endocrine, etc., diseases	1	3	4
Anaemias	1	5	6
Mental disorders	—	2	2
Multiple sclerosis	—	2	2
Other diseases of nervous systems	6	9	15
Chronic rheumatic heart disease	2	7	9
Hypertensive disease	4	15	19
Ischaemic heart disease	186	201	387
Other forms of heart disease	49	73	122
Cerebrovascular disease	103	194	297
Other diseases of circulatory system ..	18	30	48
Influenza	2	2	4
Pneumonia	43	60	103
Bronchitis and emphysema	36	8	44
Asthma	3	1	4
Other diseases of respiratory system ..	3	1	4
Peptic ulcer	5	6	11
Appendicitis	1	—	1
Intestinal obstruction and hernia	2	1	3

Analysis of Causes of Death by Percentage of All Causes



			<i>Males</i>	<i>Females</i>	<i>Total</i>
Cirrhosis of liver .. ..	..	..	4	3	7
Other diseases of digestive system ..	..	..	3	12	15
Nephritis and nephrosis .. ..	..	..	3	5	8
Hyperplasia of prostate .. ..	..	..	3	—	3
Other diseases, genito-urinary system ..	..	..	3	3	6
Diseases of skin, subcutaneous tissue ..	..	..	—	1	1
Diseases of musculo-skeletal system ..	..	..	4	6	10
Congenital anomalies .. ..	..	..	4	1	5
Birth injury, difficult labour, etc. ..	..	..	1	1	2
Other causes of perinatal mortality ..	..	..	—	2	2
Symptoms and ill-defined conditions ..	..	..	2	5	7
Motor vehicle accidents .. ..	..	..	5	4	9
All other accidents .. ..	..	..	11	10	21
Suicide and self-inflicted injuries ..	..	..	3	6	9
All other external causes .. ..	..	..	—	1	1
TOTAL ALL CAUSES .. ..	..	..	633	817	1,450

Extract from Death Returns, year ended 31st December 1972

<i>Age</i>	<i>Malignant neoplasm, lung, bronchus</i>		<i>Ischaemic and coronary disease, angina</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
43	—	—	1	1
45	—	—	1	—
50	—	—	2	—
51	—	—	2	1
52	—	—	4	1
53	—	—	—	—
54	—	—	4	—
55	1	1	3	—
56	1	—	—	1
57	1	—	2	—
58	—	—	2	—
59	1	3	2	—
60	1	—	3	3
61	1	1	1	1
62	—	—	—	1
63	2	—	7	—
64	2	1	5	2
65	—	—	8	1
66	1	—	3	2
67	4	—	5	6
68	3	—	11	3
69	—	—	7	8
70	2	—	11	8
71	1	2	8	11
72	2	1	8	8
73	3	—	6	5

<i>Age</i>	<i>Malignant neoplasm, lung, bronchus</i>		<i>Ischaemic and coronary disease, angina</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
74	2	1	9	8
75	2	—	4	6
76	2	—	3	7
77	1	1	4	8
78	1	—	11	3
79	2	—	6	14
80	1	—	6	6
81	—	—	7	5
82	—	—	4	10
83	—	—	3	6
84	—	1	4	5
85	—	—	6	8
86	1	—	2	5
87	—	—	1	7
88	—	—	2	5
89	1	—	1	10
90	—	—	3	8
91	—	—	1	6
92	—	—	2	2
93	—	—	—	5
94	—	—	—	2
95	—	—	—	1
96	—	—	1	—
97	—	—	—	—
98	—	—	—	—
99	—	—	—	1
	—	—	—	—
	39	12	186	201
	—	—	—	—

Age Mortality

					<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 1	..	..	..	..	6	5	11
1-5	..	..	..	..	—	—	—
5-15	..	..	..	..	3	2	5
15-25	..	..	..	..	3	1	4
25-45	..	..	..	..	5	10	15
45-65	..	..	..	..	94	71	165
65-75	..	..	..	..	211	182	393
75 and over	..	..	..	..	311	546	857
					—	—	—
					633	817	1,450
					—	—	—

Deaths from Cancer

Year	Population	Age Groups						Total Deaths	Rate per 1,000 of Population
		0-1	1-5	5-15	15-45	45-65	65 and over		
1950	58,050	-	-	-	9	54	100	163	2.80
1951	57,510	1	-	1	4	46	77	128	2.22
1952	57,200	-	-	-	4	46	94	144	2.51
1953	57,190	-	-	-	8	55	5	148	2.61
1954	57,600	-	-	-	4	33	96	133	2.30
1955	57,830	-	1	-	3	51	113	168	2.91
1956	57,850	-	-	-	5	46	103	154	2.66
1957	57,000	-	-	-	3	58	124	185	3.20
1958	57,680	-	-	-	9	40	121	170	2.95
1959	57,800	-	1	1	5	84	91	181	3.13
1960	57,940	-	-	-	4	53	120	177	3.05
1961	59,830	-	-	1	10	59	135	205	3.43
1962	61,250	-	-	-	7	74	125	206	3.36
1963	62,010	-	1	1	5	58	134	199	3.21
1964	63,530	-	-	1	6	70	146	223	3.51
1965	64,620	-	-	1	3	61	153	218	3.37
1966	65,630	-	1	1	4	56	168	230	3.51
1967	66,800	-	-	1	5	63	154	223	3.33
1968	68,200	-	-	1	6	60	187	254	3.72
1969	69,290	-	-	-	3	60	206	269	3.88
1970	70,130	-	1	3	6	50	184	244	3.48
1971	68,810	-	1	1	6	61	197	266	3.87
1972	70,220	-	-	-	2	54	187	243	3.46

Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1972

	Age Groups														Totals		
	15-25		25-35		35-45		45-55		55-65		65-75		75 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
1954	-	-	1	-	-	-	4	-	-	-	1	2	1	1	7	3	10
1955	-	-	-	2	-	-	-	3	-	-	-	1	-	1	-	7	7
1956	-	-	-	-	-	-	1	2	-	1	-	3	1	-	2	6	8
1957	-	-	-	2	1	-	2	2	1	2	1	3	1	-	6	9	15
1958	-	-	-	-	-	-	-	-	1	2	1	-	-	-	2	2	4
1959	-	-	-	1	-	-	1	2	-	-	-	4	1	-	2	8	10
1960	-	-	-	1	1	-	3	4	1	2	-	-	-	-	5	7	12
1961	1	-	2	2	-	-	4	1	-	-	-	1	1	1	8	5	13
1962	-	-	-	1	-	-	1	6	-	-	-	1	-	2	1	10	11
1963	1	1	-	-	-	-	-	1	1	2	-	1	1	-	3	5	8
1964	-	-	-	-	-	1	-	2	-	4	-	2	-	-	-	9	9
1965	1	-	-	1	-	2	2	-	2	1	1	4	1	1	7	9	16
1966	-	-	2	-	1	1	4	1	2	2	1	1	1	4	11	10	21
1967	-	-	-	-	3	-	-	1	3	2	1	2	-	1	7	6	13
1968	1	-	-	-	1	-	1	1	-	2	-	-	-	1	3	6	9
1969	-	-	-	-	1	-	1	2	2	1	1	2	-	-	5	5	10
1970	-	-	-	-	-	1	1	-	1	2	2	1	1	1	5	5	10
1971	1	-	-	3	-	-	-	1	1	1	1	-	-	-	3	5	8
1972	-	1	1	1	-	-	-	-	1	-	1	3	-	1	3	6	9
Total	5	2	6	15	8	5	25	29	16	24	11	34	9	14	80	123	203

REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1953 to 1972 (from Registrar General's Returns) and Rate per 1,000 Population (corrected)

Number Rate				Number Rate			
1953	..	..	617 11.7	1963	..	..	760 15.6
1954	..	..	612 12.1	1964	..	..	699 14.1
1955	..	..	553 10.9	1965	..	..	677 13.4
1956	..	..	563 11.1	1966	..	..	738 14.3
1957	..	..	602 11.9	1967	..	..	732 14.1
1958	..	..	603 11.9	1968	..	..	659 12.4
1959	..	..	579 11.4	1969	..	..	644 12.0
1960	..	..	634 12.5	1970	..	..	660 12.1
1961	..	..	663 12.6	1971	..	..	692 13.0
1962	..	..	694 12.9	1972	..	..	696 12.0

*Illegitimate Live Births Rate, *1961-1972*

1961	..	..	8.6	1967	..	..	11.2
1962	..	..	8.6	1968	..	..	10.7
1963	..	..	7.7	1969	..	..	9.0
1964	..	..	8.7	1970	..	..	11.0
1965	..	..	10.3	1971	..	..	12.0
1966	..	..	11.8	1972	..	..	13.0

*Percentage of total births

Notification of Births

1,302 live births and 15 still births took place in the Borough and were notified to the Local Authority. 682 live births and 9 still births were to mothers resident in Eastbourne, and 620 live births and 6 still births were to mothers resident outside the Borough.

In addition there were 12 transfers of live births relating to Eastbourne mothers confined elsewhere. (NOTE: *The total of Registered Births is not necessarily identical with the total of Notified Births.*)

Analysis of Notified Births 1972

	<i>Resident</i>		<i>Non-Resident</i>		<i>Total</i>		<i>Total</i>
	<i>Live Births</i>	<i>Still Births</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Live Births</i>	<i>Still Births</i>	<i>All Births</i>
DOMICILIARY							
Local Authority							
Midwives	—	—	—	—	—	—	—
Inward Transfers	—	—	—	—	—	—	—
	—	—	—	—	—	—	—
INSTITUTIONAL							
Maternity Home	247	2	140	—	387	2	389
St. Mary's Hospital	435	7	480	6	915	13	928
Inward Transfers	12	—	—	—	12	—	12
Total, All Births, 1972	694	9	620	6	1,314	15	1,329
Notified Births, 1971	689	11	713	9	1,402	20	1,422

SECTION B

COMMUNITY HEALTH SERVICES

Ante-natal, Mothercraft and Relaxation Classes

This service continued as described in my report for 1965. See also under Health Education and Midwifery Sections, pages 44 and 32.

Sessions and Attendances

	<i>Average number of sessions per month</i>	<i>Number of women who attended</i>	<i>Attendances</i>
Health Education (Health Visitors)	17	393	1,547
Relaxation Sessions (Midwives)			

Infantile and Child Mortality

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
4½ hours	F	(a) Congenital heart disease (b) Congenital deformity of limbs
1 day	F	Respiratory distress syndrome
1 day	F	Atelectasis
2 days	M	Respiratory distress syndrome
3 days	F	(a) Anoxia (b) Cerebral damage
10 days	M	Congenital Heart Disease
5 weeks	M	Congenital Heart Disease
8 weeks	M	Aorto-Pulmonary Artery Window and Foramen Ovale (operation for correction of defects)
3 months	M	(a) Asphyxia (b) Inhalation of stomach contents
4 months	M	Cot Death Syndrome
8 months	F	Acute infantile gauchers disease
5 years	F	(a) Bronchopneumonia (b) Congenital ventricular septal defect
6 years	M	Drowning due to falling into waterway
7 years	M	(a) Asphyxia (b) Drowning
13 years	M	Acute right ventricular failure
14 years	M	(a) Chronic Renal Failure (b) Glomerular nephritis

Maternal and Infantile Mortality, 1894–1972

<i>Years</i>	<i>Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894–1903 average ..	108.5	118.2	3.6	4.6
1904–1913 average ..	79.3	96.6	2.6	2.9
1914–1923 average ..	52.3	68.8	1.5	1.9
1924–1933 average ..	30.0	45.7	1.5	2.2
1934–1943 average ..	23.6	42.4	2.1	3.7
1944–1953 average ..	17.4	23.4	1	1.3
1954–1963 average ..	12.3	19.64	0.3	0.47
1964	10	14.31	–	–
1965	13	19.20	–	–
1966	10	13.55	–	–
1967	11	15.02	1	1.3
1968	13	19.72	–	–
1969	8	12.42	1	1.5
1970	9	13.64	–	–
1971	7	10.00	1	1.4
1972	11	16.00	–	–

Prematurity (*i.e.* babies weighing 2.494 kg. (5½ lb.) or less at birth irrespective of period of gestation.

Equipment is provided by the department for the care of premature infants born at home and very satisfactory provision is available in the hospitals. The ambulance fleet has been adapted to utilise a portable incubator held at a local hospital in the event of an emergency requiring the removal of a newly-born infant to hospital.

(a) NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED

<i>Place of Birth</i>	<i>Resident</i>	<i>Non-Resident</i>	<i>Total</i>
Own home	—	—	—
Maternity Home ..	4	2	6
Hospital (St. Mary's) ..	32	34	66
Hospital (elsewhere) ..	—	—	—
	—	—	—
	36	36	72
	—	—	—

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

Two infants died within the first 24 hours and one infant died after 25 hours in St. Mary's Hospital.

Congenital Malformations

The number of congenital malformations noticed at birth and reported in accordance with the Ministry of Health Circular 13/63 during the year 1972 was 22 and these occurred in 16 children.

Central Nervous System	4
Eye and ear	1
Alimentary	—
Heart and circulation	1
Respiratory system	1
Urogenital system	4
Limbs	8
Musculo—skeletal system	1
Other systems	1
Other malformations	1

Three infants had major defects of the Central Nervous system and were stillborn, and 1 baby who had multiple deformities including defects of heart, lungs and skeleton died within the first 24 hours of life.

Child Health Clinics

These were held at the following times:

Avenue House—Monday afternoon.

Health Centre—Friday afternoon.

Birling Street—Wednesday, morning and afternoon.

Langney Village Community Centre—Thursday afternoon.

Hampden Park Hall—Wednesday and Friday afternoons.

CLINIC ATTENDANCES 1972

Clinic	Number of Children attending Clinics Born in :				Total Attendances
	1972	1971	1970-67	Total	
Avenue House ..	107	116	201	424	1,831
Birling Street ..	100	128	361	589	2,897
Winifred Lee Health Centre	148	174	409	731	4,761
Langney ..	47	84	276	407	1,464
Hampden Park ..	133	194	464	791	4,337
Total	535	696	1,711	2,942	15,290

PREVIOUS YEARS' ATTENDANCES

				Number of children who attended	Number of attendances
1968 .. ..	..	..	..	3,047	19,545
1969 .. ..	..	..	..	2,858	18,114
1970 .. ..	..	..	..	2,823	16,937
1971 .. ..	..	..	..	3,023	17,062

Welfare Foods and Other Nutrients

Arrangements for distribution have continued to run smoothly, the main centre for distribution being the Winifred Lee Health Centre. The Central Clinic at Avenue House and three district clinics continue as subsidiary distribution centres during clinic sessions.

Under the Authority's arrangements for the care of mothers and young children a wide variety of dried milk foods, cereals and other nutrients is made available for resale on the recommendation of the Medical Officer or Health Visitor in attendance at the child health sessions.

DEVELOPMENTAL PAEDIATRICS

(Contributed by Dr. M. I. Godson, Senior Medical Officer)

During the year there has been a further increase in the number of attendances for birthday checks, pre-School checks and special examinations.

Over 2,000 examinations were carried out on approximately 70 per cent. of the 1-to-5 year-old child population.

The breakdown of numbers is as follows:

	<i>1st Birth- day</i>	<i>2nd Birth- day</i>	<i>3rd Birth- day</i>	<i>Pre- School</i>	<i>Specials and recalls</i>	<i>Total</i>
Avenue House Clinic ..	72	61	50	65	15	263
Birling Street Clinic ..	79	75	77	127	2	360
Hampden Park Clinic ..	147	125	146	165	93	666
Winifred Lee Health Centre ..	174	151	167	182	73	747
Totals	472	412	440	539	183	2,036

As a result of these routine and special checks, it has been necessary, with the agreement of the General Practitioner concerned, to seek advice from specialists for 44 children as follows:

Paediatrics ..	..	..	..	15
Ear, nose and throat ..	..	..	..	12
Dermatology ..	..	..	..	1
Orthopaedics ..	..	..	..	2
Ophthalmology ..	..	..	..	14

Fourteen children were referred for Speech Therapy, 2 of whom had quite severe developmental delay in communication by language and required intensive treatment in order that they might reach the normal level before starting school.

Our aim in carrying out these examinations, is to help any child found to have a handicap to overcome it and where possible to remedy any defect so that the child can approach school and his future life on equal terms with his peers.

DENTAL SERVICES

(Contributed by Mr. Alan Lawrence, Chief Dental Officer)

(See also Health Education Section for report on Dental Health Education)

Expectant and Nursing Mothers and Children under 5 years of age

This section of the service has shown some encouraging trends. More pre-School children are attending for routine inspection at our surgeries at an earlier age. Undoubtedly still more would attend if they knew that we were anxious to see the pre-School child and this fact has been emphasised by our Health Education services. The number of emergency visits and general anaesthetic visits have fallen and only 45 per cent. of those inspected required restorative treatment or extractions. This provided valuable opportunities for counselling the parent, familiarising the child with the surgery and using disclosing solutions to get the child involved with plaque control at an early age. The provision of dental services at the proposed new health centres will undoubtedly increase the number of young children seen and we must be ready to meet the opportunities that this will bring.

	<i>Number Examined</i>	<i>Number Needing Treatment</i>	<i>Number Treated</i>	<i>Number of Attend- ances</i>
Children under five ..	175	79	70	150
Expectant and Nursing Mothers	38	29	28	110

	<i>Fill- ings</i>	<i>Extrac- tions</i>	<i>General Anaes- thetics</i>	<i>Den- tures</i>	<i>No. of Patients X-rayed</i>
Children under five ..	123	77	31	—	2
Expectant and Nursing Mothers	80	42	5	5	13

Fluoride and Dental Health

Department of Health Circular No. 1/73 requests information regarding progress in the fluoridation of public water supplies. Having regard to the inextricable intermesh of local water supplies with surrounding areas and the unwillingness, to date, of neighbouring authorities to approve fluoridation, no further recommendation has been made to this authority.

Nevertheless, and commencing in 1969, with the approval of the local medical and dental professions and to accommodate those parents who accept the majority professional opinion in regard to the beneficial and protective effects of fluoride, there has been a scheme of supply of sodium fluoride in 15 ml. drop bottles in our clinics and in the surgeries of some general dental practitioners. The daily dose is five drops (1 mgm.) to children in the age range birth to 8 years. The uptake as anticipated has been small but at least 4 per cent. of children between birth and 8 years with the greater proportion between birth and 5 years are in receipt of drops at any one time.

The School Dental Service

The School Dental Service is traditionally associated with providing dental inspections at schools and notifying the parent if further investigation or treatment is felt desirable. The onus is then on the parent to arrange for this to be carried out by either the school dental service or by their own dental practitioner.

1974 will see the integration of the School Dental Service with the other branches of the National Health Service. It is right that at this time we should consider whether annual school inspections are still necessary. The majority of children do in fact either attend a local practitioner or ourselves for regular inspection and treatment. Is the school inspection an unnecessary duplication? In the light of our experience we would think not for three reasons. First, we look for

those children who never seek treatment and these families receive special encouragement to attend for treatment. Secondly, we encourage the regular attenders to keep up regular inspections with their own dentist especially if they are overdue for an inspection. Thirdly, we benefit from valuable liaison with the school and child so that we have a basis to start dental health education. On average the school dental inspections comprise 5 per cent. of a dental officer's work and the difficulty in maintaining school inspections is not due to the time spent inspecting patients but in providing treatment for those who ask for it. Any small saving in time by abolishing school inspections would be heavily outweighed by loss to the community of the advantages described above.

Despite staff shortages we inspected all our schools last year. This, however, has resulted in a considerable backlog of work, especially as this screening of all school children detects many children in urgent need of conservative and orthodontic treatment. Our long-term goal is still to inspect all children and treat all who request it. Increasingly we treat children who require special techniques or more time spent on them. These include handicapped children and children who are exceptionally nervous of dental treatment. This is a most rewarding part of our work which the future school dental service should not neglect.

The number of orthodontic cases has steadily increased and their treatment has only been made possible by the working together of the hospital and local authority services. Further integration was achieved last year when a joint appointment was arranged for the Principal School Dental Officer to carry out one session per week as a clinical assistant to the Hospital Orthodontic Consultant, Mr. Ardouin. We are most grateful for the help and advice given by Mr. Ardouin.

Treatment trends are encouraging. The ratio of teeth filled to those extracted rose. If the figures are corrected for orthodontic extractions, 9 permanent teeth were filled for every tooth extracted. However, our long-term objective of providing inspections and treatment at an early stage could virtually eliminate extractions for pain. The provision of dental surgeries and staff at the proposed Health Centres at Hampden Park and Langney will certainly meet a long-felt need in these areas. We will not achieve our long-term aims until we increase our staff and facilities.

We have tried to implement those measures of preventive dentistry which are available, but it is still our regret that the one measure which could revolutionise the dental health of Eastbourne is still lacking. We refer to water fluoridation. It is our hope that the new local authorities and health authorities will press for the early introduction of this safe, cheap and effective measure.

Lastly, our thanks go to all the dental staff who have put so much into this year.

COMMUNITY NURSING SERVICE

This year the nursing administration of the Community Nursing Services was unified by the appointment of Miss F. M. Wells as Director of Nursing Services. Mrs. D. I. Dale was appointed Area Nursing Officer, Miss E. E. Griffin, Mrs. J. E. Rainsley and Mr. R. S. Newman became Senior Nursing Officers.

Arrangements have been made to extend our G.P. attachment schemes. From the 1st January 1973, the Community Nursing staff will visit practice patients living outside the County boundary. The good teamwork already existing will secure a better service for the patients involved and resolve some of the communication problems which have existed in the past.

The year ended with the Health Services Department busy preparing for the changes in administration which are to take place in 1974. It is hoped that adequate preparation will ensure the day-to-day work of the Community Nursing Service going on as before and the service to patients ultimately improving.

Midwifery

There were no domiciliary confinements during the year; this is possibly a unique achievement and a credit to the health education in the Borough that all mothers were delivered in the safety of a hospital. Nevertheless, our part-time midwives were kept busy providing ante-natal and post-natal care, also teaching in the Mothercraft and Parentcraft classes with the Health Visitors.

PATIENTS ATTENDED AT HOME

Mothers delivered at home	..	..	..	-
Mothers discharged from hospital and attended by midwives within				
2 days .. ..	..	..	..	98
3 to 7 days .. ..	..	..	..	114
8 or more days .. ..	..	..	..	261
				<hr/> 473 <hr/>

VISITS BY MIDWIVES

Visits to cases discharged from hospital within				
2 days .. ..	..	..	..	587
3 to 7 days .. ..	..	..	..	659
8 or more days .. ..	..	..	..	584
				<hr/> 1,830 <hr/>

The midwives also attended 213 Mothercraft Relaxation Sessions, held in co-operation with the Health Visitors, at which 393 women made 1,547 attendances either at Mothercraft or Relaxation Classes or both.

HEALTH VISITING

The scope of the Health Visitors' work continues to increase with G.P. attachment. Much time is spent on liaison with the G.P.s, District Nurses, Social Workers and Hospital staff—time well spent if it prevents duplication of visiting and ensures effective attention to clients' problems. According to Department of Health guide lines we are considerably under-staffed in the Health Visiting section. It is hoped that more personnel can be appointed to relieve some of the stress on the present staff and enable the preventive work Health Visitors are trained for to be carried out.

The Health Visitors' work is briefly summarised in the following statistics:

HOME VISITS

To children under 5 years of age	..	..	..	10,109
To children aged 5 to 16 years	..	..	..	442
To persons aged 17 to 64 years	..	..	..	1,657
To persons aged 65 years and over	..	..	..	2,073
To others	..	..	..	261

OTHER VISITS

Care and After Care (including aged and handicapped persons)	..	..	..	..	368
To doctors' surgeries	..	..	..	..	184
To other agencies (voluntary organisations, etc.)	..	..	..	..	133
To day nurseries	..	..	..	..	31
Miscellaneous	..	..	..	..	65
Case Conferences attended	..	..	..	..	675
Child Health Clinics	..	..	..	..	1,556

HOME NURSING

Our Night Nursing service was started in April. A trained Nurse and a Nursing Auxiliary are on duty from 10 p.m. to 7 a.m. every night. Patients needing attention during these hours are visited several times and the Nursing Auxiliary is left to care for one of the patients while relatives sleep. This service has been enthusiastically welcomed.

Number of Patients seen	..	..	..	..	193
Number of visits paid age 5 to 65	..	..	..	..	117
" " " " " 65 plus	..	..	..	..	1,373
TOTAL					1,490

Two members of the District Nursing Staff and two Pupil Nurses from Eastbourne Hospital Group obtained their National District Nursing Certificates during the year.

In November, Miss N. E. Russell, Superintendent of Home Nurses and Midwives, retired after 14 years' devoted service. The occasion was marked by presentations and tributes from her colleagues and friends and the event was reported in the local press.

STATISTICS OF THE DISTRICT NURSING SERVICE

	<i>Age Groups</i>			
	<i>Under 5</i>	<i>5-64</i>	<i>65 and over</i>	<i>Totals</i>
NUMBER OF PERSONS TREATED				
At Patient's Home ..	2	338	1,816	2,156
At Health Centre ..	22	460	272	754
At Doctor's own premises ..	52	890	1,149	2,091
Elsewhere ..	—	28	76	104
Totals	76	1,716	3,313	5,105
VISITS				
To Patients' Homes ..	29	8,377	68,085	76,491
Health Centre and Surgeries	124	4,921	6,969	12,014
Others	—	129	853	2,502
Totals	153	13,427	75,907	91,007

VACCINATION AND IMMUNISATION

A—Diphtheria Immunisation

The age groups and numbers immunised were:

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1972	—	3	3
1969-71 ..	313	283	596
1965-68 ..	17	—	17
1964-15 years ..	7	—	7
Totals ..	337	286	623

REINFORCING DOSES

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1969-71 ..	4	—	4
1965-68 ..	206	450	656
1964-15 years ..	23	1	24
Totals ..	233	451	684

B—Whooping-Cough Immunisation

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Medical Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1972	—	—	3	—	3	—
1969–71	312	—	283	4	595	4
1965–68	13	307	9	122	22	429
1964–15 years	7	—	—	5	7	5
Totals	332	307	295	131	627	438

Cases of whooping-cough notified during the last five years are as follows:

<i>Year</i>	<i>Cases notified</i>			
1972	1
1971	4
1970	—
1969	1
1968	3

C—Tetanus Immunisation

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Medical Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1972	—	—	3	—	3	—
1969–71	313	—	283	4	596	4
1965–68	17	450	9	211	26	661
1964–15 years	7	481	6	228	13	709
Totals	337	931	301	443	638	1,374

D—Vaccination Against Poliomyelitis

<i>Year of Birth</i>			<i>By Health Department</i>	<i>By General Practitioners completed courses</i>
1972	..	..	—	3
1971	..	..	236	221
1970	..	..	70	59
1969	..	..	8	5
1965–68	..	..	16	9
1964–15 years	..	..	9	15
Totals	..	..	339	312

In addition, 925 booster doses were given to children at pre-School checks and in the Local Authority Schools, and 412 booster doses were given to children by medical practitioners.

E—Vaccination against Measles

<i>Year of Birth</i>	<i>By Health Department</i>	<i>By General Practitioners</i>
1972	—	—
1971	236	221
1970	70	8
1969	8	16
1965–68	16	9
1964–15 years ..	9	17
Totals	339	271

Cases of measles notified in the last five years are as follows:

<i>Year</i>	<i>Cases notified</i>		
1972	128
1971	261
1970	152
1969	36
1968	185

F—Vaccination against German Measles (Rubella)

	<i>By Health Department</i>	<i>By General Practitioners</i>
Girls only, approximately 13 years of age	259	20

G—Tuberculosis

NOTIFICATION REGISTER

	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER						
1st January 1972 ..	175	119	15	17	190	136
Add :						
Notifications ..	5	1	—	2	5	3
Transfers ..	2	—	—	—	2	—
Posthumous						
Notifications ..	—	—	—	—	—	—
Found on Death						
Return ..	—	—	—	—	—	—
	182	120	15	19	197	139
Less :						
Deaths	4	2	—	1	4	3
Left Town ..	5	1	—	—	5	1
Arrested ..	4	2	—	—	4	2
	13	5	—	1	13	6
ON REGISTER						
31st December 1972	169	115	15	18	184	133

AGE GROUPING OF NEW CASES

			<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
			<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
<i>Age Groups :</i>								
0-5	..	..	—	—	—	—	—	—
5-10	..	..	—	—	—	—	—	—
10-15	..	..	—	—	—	—	—	—
15-25	..	..	—	1	—	—	—	1
25-45	..	..	2	—	—	—	2	—
45-65	..	..	2	—	—	—	2	—
Over 65	..	..	1	—	—	2	1	2
			5	1	—	2	5	3

The Registrar General's return of causes of death indicates that there was one death from respiratory tuberculosis in 1972.

Extra nourishment granted to persons suffering from tuberculosis:

Liquid milk—

Quantity supplied 4,075 pints

Number of cases assisted 13

B.C.G. VACCINATION

This work is undertaken by the school medical and nursing staff of the Department for school children over 13 years and for pupils at Further Education Establishments, and by the Chest Physician in respect of persons who are known contacts of tuberculosis.

The number of persons vaccinated was as follows:

A—CONTACT SCHEME (carried out by the Chest Physician)

Age Groups—

Under 5 years 26

5-15 years 9

Over 15 years 4

B—SCHOOL CHILDREN SCHEME (carried out by the medical and nursing staff of this Department)

(1) Number skin tested 510

(2) Number found negative 483

(3) Number vaccinated 483

C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(1) Number skin tested nil

(2) Number found negative nil

(3) Number vaccinated nil

H—Chiropody Service

This service has been carried on since 1960, showing a steadily increasing demand from year to year, as illustrated in the table below. Treatment is provided at the Authority's Health Centres, District Clinics and residential homes and there is a domiciliary service and transport arrangements for handicapped persons.

There is a standard charge for treatment (excluding residents of homes for the elderly and school children) which is subject to abatement according to means.

	At Authority Clinics						Old persons Homes	Chiro-podists employed	
	Aged persons					Schoolchildren			
Year	No. on books at 31st Dec.	New cases in year	No. of treat-ments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domi ciliary visits	No. treated	No. of treat-ments	No. of sessions	
1960	300	—	—	—	—	—	—	—	—
1961	400	150	2,293	347	100	80	173	86	1.0
1962	450	160	2,621	391	126	44	126	57	1.0
1963	550	180	2,960	458	145	32	111	78	1.2
1964	633	181	3,062	525	170	20	76	71	1.2
1965	741	315	4,282	659	272	27	128	103	2.0
1966	896	238	5,222	727	399	42	206	97	2.0
1967	1,048	317	6,102	834	504	38	117	131	2.5
1968	1,196	371	6,464	894	650	32	119	145	2.5
1969	1,302	201	6,399	903	627	26	82	151	3.0
1970	1,393	399	7,299	1,005	944	22	90	153	3.0
1971	1,660	489	8,812	1,176	1,132	59	249	146	3.5
1972	1,567	381	8,931	1,181	1,244	45	205	144	3.5

I—Laundry Service

The Department continued to operate a collection and delivery service in respect of the laundering of bed linen and clothing of incontinent persons being cared for in their own homes.

Laundering is carried out by arrangement with a local hospital laundry.

J—Health Screening Clinic

This clinic is held weekly throughout the year on Monday evenings by appointment. During 1972 it was attended by 585 women, 576 of whom were examined gynaecologically and had a cervical smear taken. Attendance according to the Registrar's social classification was as follows:

All Classes	Social categories				
	1	2	3	4	5
576	52	101	224	95	104

On clinical examination 102 women were found to have gynaecological conditions and on microscopic examination of the cervical smear taken 60 showed inflammatory or other conditions. Two smears were positive for carcinoma of cervix. Breast examination showed abnormalities in 29 women, two of whom on biopsy were found to have a malignant condition. All women who were found to have any abnormality were asked to visit their own doctor or asked to return to the clinic for a repeat smear, as appropriate.

MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. B. G. Rigden paid regular visits to Eastbourne for the prime purpose of examining patients referred by general practitioners. New staff of Local Authority Departments were asked to attend for X-ray if the scrutiny of their completed medical statement form indicated it, as were other employees medically examined for other purposes.

Reproduced below is an extract from the Annual Report for 1971 of the Mass Radiography Unit which gives an indication of the work done by the Unit within the County Borough area. 1972 figures are not yet available.

Type of Examinee	Number Examined			Tuberculosis						Bronchial Carcinoma			Other Abnormalities			Total Abnormalities			
				Requiring Treatment or close clinic supervision			Requiring occasional clinic supervision												
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total				
	Doctors' Referrals	..	392	404	796	1	-	1	5	2	7	7	2	9	147	152	299	160	156	316
Other Examinees	..	1,768	2,413	4,181	3	1	4	6	4	10	4	2	6	137	108	245	150	115	265
Total	..	2,160	2,817	4,977	4	1	5	11	6	17	11	4	15	284	260	544	310	271	581

AMBULANCE OFFICERS' REPORT 1972

(Contributed by Superintendent W. E. Field, O.St. J.)

Whilst maintaining the Ambulance Service under the agency agreement with the Corporation, the St. John Ambulance has endeavoured to maintain an efficient and up-to-date service to Eastbourne and the various surrounding parishes of East Sussex. At times this has been a rather difficult position to hold as the demands on the Service grow weekly.

We have experienced the beginning of a Geriatric Day Hospital held at All Saints' Hospital which began with approximately six patients and has gradually increased to twenty patients being conveyed daily on two or three days a week. During the year two new transport requests were received, *i.e.* conveying children to and from Day Nurseries and elderly patients to Health Centres for treatment. The general demand for all types of transport still shows an upward trend and is expected to increase still further.

Continuing from 1971 National School Training of ambulance men has continued with new entries attending the Hampshire County Ambulance Training School for six weeks' training session and the remaining staff attending a two-weeks' refresher course every three years.

Having obtained the permission of the Hospital Management Committee the majority of the staff have been attending the hospital for a complete week's training covering the various functions of hospital life. My thanks to the Principal Nursing Officer and all the nursing staff for the patience and understanding shown to our members. The ambulance staff agree that the week's course has been both beneficial and instructive and it is hoped that this hospital training will continue.

AMBULANCE SERVICE

PERSONS CARRIED AND MILEAGES, 1968-1972

Year	EASTBOURNE						EAST SUSSEX						Totals	
	Ambulance		Sitting cases		Training Centre and School		Ambulance		Sitting cases		Training Centre (DPV)			
	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles
1968	8,093	38,418	18,684	57,756	10,586	15,883	1,273	10,953	6,172	33,348	2,573	4,460	47,381	160,818
1969	9,126	42,408	18,302	63,343	10,747	15,741	1,421	11,593	5,885	29,472	2,475	4,280	47,956	166,837
1970	10,063	48,443	19,017	63,239	10,288	13,692	1,631	12,491	6,045	28,869	1,456	2,272	48,500	169,506
1971	11,301	53,681	19,212	66,508	10,301	14,238	1,802	13,732	6,443	28,688	—	—	49,059	176,847
1972	12,489	53,485	19,497	65,461	10,570	14,819	2,213	15,566	5,890	26,913	—	—	50,659	176,244

The service is called upon to convey a large number of patients to and from the local railway station

In the year under review 180 patients were transferred by rail.

ORIGIN OF CALLS

(EASTBOURNE AREA ONLY)

Origin of Calls	Ambulances					Sitting Case Cars				
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972
Emergency calls and street accidents
Local Hospitals
Local Hospital Day Centre
Local Convalescent Homes
General Medical Practitioners
Maternity Homes
Nursing Homes
Ministry of Pensions
Other Ambulance Authorities
Mental Welfare Officers
Others
Out Patients:
Chest Clinic
Foot Clinic
Local Hospitals
Royal Sussex County Hospital, Brighton
Health Centre
Total Calls
Mileage

HEALTH EDUCATION

Report by Miss M. G. Hemming, S.R.N., H.V. Cert., M.R.S.H., Health Education Officer and Home Safety Organiser.

As an introduction to my report on Health Education I should like to quote the World Health Organisation Expert Committee on Health Education. The aims of Health Education were defined as follows:

“To make health a valued community asset.”

“To equip people with knowledge and skills that they can use to solve their own health problems.”

“To promote the development of Health Services.”

Health Education usually means the planned or formal efforts to stimulate or provide experience at times, in ways and through situations leading to the development of health knowledge, attitudes and behaviour that are most conducive to the attainment of individual, group or community health.

As in previous years Health Education in Eastbourne has covered many aspects of Health including the Health of Expectant Mothers.

PRE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Apart from the advice and information imparted by the Health Visitors and Midwives, the expectant mothers enjoy the social contact at the classes. The subject of “Analgesia” creates much interest.

The talks on “Dental Health” by the Chief Dental Officer and the talks on “Nutrition in Pregnancy” by the Senior Dietitian are much appreciated. It is regretted that many of the mothers-to-be do not come to the classes until rather late in pregnancy.

The number of Expectant Mothers who attended these classes was:

Winifred Lee Health Centre	..	..	102
Avenuc House	..	..	233
Bell Hostel (unmarried girls)	..	..	27
			<hr/>
Total	..		362
			<hr/>

Parentcraft Classes for expectant mothers and fathers were not so well attended due, possibly, to Television programmes about pregnancy and birth. Those who attended found the programmes interesting and had the opportunity to ask questions.

Informal discussions were held by Health Visitors during the pre-natal clinics in some of the General Practitioners' Surgeries.

Parentcraft for Adoptive Parents. Two evening courses for adoptive parents were arranged by the Chichester Diocesan Association and Social Workers, and a Health Visitor. Approximately 50 couples attended during the year.

General Health Education Talks were given to various groups by Medical Officers, Health Visitors and Health Education Officer.

Subjects included Drug Addiction (Smoking, Drugs and Alcohol), Family Planning, Nutrition, and Slimming, First Aid, Family Planning and Sub-Fertility to groups of student nurses and behaviour problems in young children.

Other talks were given on the "aims of Health Education", "How to prevent accidental poisoning in the home", "Safety in your home".

Illustrated talks were given by the H.E.O. at Winifred Lee Health Centre to men and women who attended the reunion meetings following the anti-smoking 5-day plan sessions.

DENTAL HEALTH EDUCATION (*Report contributed by Alan Lawrence, Chief Dental Officer*)

This year has seen a real integration of the separate sections interested in dental health.

The ante-natal Mothercraft sessions now have a complete session in their 13-week course devoted to the practical aspects of keeping their children's mouths healthy.

Still too few parents realise that prevention and *then* treatment is the correct approach. A child seen with a healthy mouth at three years can get the most benefit from planned dental care and there is still time to correct faulty ideas of nutrition. The work of our team of Health Visitors in this field has directly resulted in a large increase in pre-School inspections, many of whom did *not* require restorative treatment at that stage.

Dental health in schools has always presented problems. There are two hurdles to cross. The first is to ensure that the child gets the correct information in a form he can understand and the second is to see that he is motivated to put it into action. The Teachers' Centre has helped us to focus the teachers' attention on this and a successful evening meeting with teachers discussing a film on project teaching of dental health has resulted in three schools carrying out similar projects. The enthusiastic support by teachers has proved the decisive factor in making these projects a success, also without the integration, support and co-operation of the Health Education Section little could have been achieved.

Dental inspections can be an intrusion into precious teaching time. By using a film loop projector on 20 inspection sessions we have tried to integrate dental health education and inspection. All these methods we believe have reinforced the regular teaching and films on dental health carried out in the schools.

Dental Health education is an expanding field which provides many opportunities for effective work and we hope that the start we have made will be continued, as there appears to be a need for up-to-date effective audio visual aids, perhaps we are wrong in expecting national material to meet all the needs of our own area.

I am sure that all those interested in the Dental Health of Eastbourne should consider how they could combine to produce materials and methods to meet changing local requirements.

HEALTH EDUCATION IN SCHOOLS

These included three courses of Health Education talks on "Personal Hygiene", "Growing Up", "Health for School Leavers", "Sex Education", "Planning for Marriage", "Family Planning" and the danger of "Drug Addiction" (smoking, alcohol and drugs), and "Mothercraft".

A programme of talks supported by Health Education Films and other visual aids arranged through the Health Education Section were given by Mr. Morley (teacher) to fourth and sixth form *Grammar School* boys.

Health Education material was passed on to teachers for use as project material in schools.

HEALTH EDUCATION IN GENERAL PRACTITIONERS' SURGERIES

Health Visitors are provided with literature, and display boards and other Health Education aids.

Health Visitor comments regarding the G.P.'s attitude towards "Health Education" in their surgeries were as follows:

"Two doctors had no objections."

"One doctor objected to all forms of Health Education."

"One doctor objected to most forms of Health Education except the distribution of *Family Doctor* booklets."

"One doctor gave the Health Visitor a free hand but objected to 'Temperance', e.g. anti-smoking poster."

One of the more enthusiastic doctors was pleased that Health Education materials and aids could be made available for use in his surgeries.

VENEREAL DISEASES

The subject of V.D. was discussed in School Health Education programmes. A poster campaign was mounted during the summer months. Information about local V.D. Clinics was added to each poster before being displayed. Co-operation was obtained from various sources, including youth clubs, managers of cinemas, public houses, etc.

"NUTRITION AND HEALTH"

The Health Education section assisted the Senior Dietitian in the production of various leaflets on "Diet", "Slimming" and "Nutrition". Other aids have been produced by the section for her use in Health Clinics, Hospitals and Residential Homes for the Elderly.

CERVICAL CYTOLOGY

Talks were given to women attending the cytology clinics on "Breast self-examination" by Health Visitors. The talks were illustrated with colour slides and 8 mm. film loops. Literature and information, including clinic appointment forms are available to the public at all Clinics and Health Centres.

ANTI-SMOKING

That smoking is harmful to health is now an undisputed fact, and the opportunity to offer some practical help (following years of advice) came to Eastbourne in the form of the "5-day Plan" offered by the British Temperance Society. This special course of five evening sessions was sponsored by the Eastbourne Health Department. The first course was held in September, 1972 and 52 people registered and presented themselves for therapy on the first night. According to a recent postal questionnaire, eight months after the September course, approximately half of those who attended are still not smoking and the rest have cut down considerably on the amount smoked. Further courses are to be arranged.

HOME SAFETY

A survey is at present being carried out on "*Accidents in Eastbourne Homes*" with the co-operation of the Accident and Emergency services of Princess Alice Hospital and St. Mary's Hospital, Eastbourne. Information requested will relate to persons taken to the Hospitals as a direct result of accidents occurring in their own homes during the twelve months—April 1972 to March 1973 (Details to be reported in 1973 Report).

In connection with "*The Safety in Retirement Campaign*" Home Helps volunteered to make checks (with the permission of their clients) on faults that could possibly cause home accidents. If any possible hazards were found in the home, Home Helps would give advice, assist in a practical way or report any highly dangerous situation to the Home Help Organiser for immediate attention. The Home Helps are being encouraged to continue making these checks and supplies of "check-lists" are made available to them.

PROJECTS AND CAMPAIGNS 1972 (including Displays and Exhibitions)

	<i>Health Education</i>	<i>Home Safety</i>
January	"Anti-smoking"	
February	"Anti-smoking"	"Keep fire in its place" <i>Trades Exhibition</i>
March	"Nutrition and Health"	
April	"Venereal Diseases" (poster campaign) "Health Education" <i>R.S.H. Exhibition</i>	
June	"Mental Health" (Mental handicap week)	
July		"Learn to swim"
August		"Follow the instructions"
September	"Anti-smoking" (Campaign and "5-day plan" special clinic)	

Health Education

Home Safety

October

“Fireworks”

“Poisonous plants and
fungi”

November “Keep your cold to yourself”
“Dental Health”

December

“Christmas and Winter
Safety”

EXHIBITIONS 1972 “Home Safety”

A display was mounted at the “Homes and Trades” Exhibition held at the Winter Garden for 7 days (Saturday 5th February to Saturday 12th February). The title of the display was “Keep fire in its place” (Prevention of accidental fire in the home). Approximately 18,740 people attended the exhibition in spite of difficulties encountered as a result of the electricians’ strike.

THE ROYAL SOCIETY OF HEALTH—“Health Education” 24th–28th April 1972

An area was prepared by the H.E.O. and staff of the Health Education Section, in which visitors to the Exhibition were invited to relax for a while. Health Education exhibits were displayed, also photographs, and a series of colour transparencies showing some of the Department’s Health Education activities were projected continuously on to a daylight screen.

CARE AND AFTER CARE SERVICES

A—Illness Generally

All the services of the Department including particularly Home Nursing and the assistance and advice of Health Visitors, are freely available in case of sickness in the home.

B—Loan Equipment Service

- (i) *General.* The Department holds stocks of about 50 types of equipment comprising over 1,000 articles as listed in the Report for 1971. There were 1,258 issues to some 800 persons during the year.

(ii) *Incontinence Pads and Garments*

Issues to patients during 1972 were:

				<i>Patients</i>	<i>Quantity supplied</i>
Pads	..	..	..	392	15,274
Interliners		..	..	28	71
Pants	..	..	..	31	97

C—Voluntary Organisations

There is a high level of voluntary activity in the town which supplements the statutory functions of the local authority and provides services outside the scope of the Council. I would particularly like to acknowledge the services rendered by the W.R.V.S., the Order of St. John and the British Red Cross among other local and national organisations.

EASTBOURNE AND DISTRICT FAMILY PLANNING CLINIC

(Contributed by Mrs. C. M. Clarke, Chairman)

The year 1972 has been a good one for the Clinic. The most important event being that during April, Eastbourne Corporation adopted the F.P.A.'s Agency Scheme 5. This means that the Authority pays patients' consultation fees but that patients buy their own supplies, also that medical cases have both free fees and supplies.

This has meant that our steadily increasing volume of work has now become even greater. It is very rewarding, however, to see how relieved and grateful patients are for this financial help at a time when living costs are rising steeply.

During 1972, 1,384 patients visited the Clinic and of these 481 were seeking advice from F.P.A. for the first time. As all patients are kept under medical supervision by doctors and nurses, they need to return two and three times a year. This makes the overall total of visits 3,800.

The number of patients attending the Clinic is gradually rising as the word spreads that patients no longer have to pay consultation fees, and when extra numbers justify it, two doctors attend the Thursday afternoon session. Dr. D. Lucas is now able to take this extra session with Dr. M. Ashforth. In the autumn we welcomed Dr. Kahn to take the Thursday evening session with Dr. M. Wigfield. It is a great asset to have a consultant gynaecologist on our medical staff as her opinion can be sought quickly in the clinic setting. Dr. M. Simpson continues to take the I.U.D. Clinic and hopes to start vasectomy counselling in the coming year. The Youth Advisory Clinic is well booked and obviously answering a real need.

In 1972 domiciliary family planning advice was given to 53 patients with a total of 186 home visits by Dr. M. Wigfield. There was only one unplanned pregnancy in this group during the year.

Several of the doctors attended In-Service Training and, following assessment, have received Senior Medical Officer certificates.

The Clinic Nurses agree that now alterations and decorations to their room are complete, they are finding the new arrangements most helpful to their work. They also find that patients are appreciating the privacy provided by the new cubicles.

During the year all have missed Mrs. Williamson, our senior nurse who is temporarily absent.

Once again the whole Clinic Staff—medical and lay workers—would like to express our grateful thanks to all at Avenue House—especially Mrs. Dale—for all their help and encouragement during the past year.

The Family Planning Association provides a comprehensive family planning service in Eastbourne towards which the Local Authority made grants and payments totalling some £2,270 in addition to providing rent free accommodation in Avenue House Clinic.

Clinic sessions are held on Monday afternoon (I.U.D. Clinic), Tuesday evening (Youth Advisory Clinic for young unmarried persons) and Thursday afternoon and evening.

A local authority medical officer attends the Monday I.U.D. Clinic by arrangement with the Family Planning Clinic. Again, in conjunction with the authority, a domiciliary service is provided for women who cannot readily attend the clinic.

SECTION C

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The overall incidence of notifiable infectious diseases remained low although there was an increase in the number of notified cases of Scarlet Fever and Infective Jaundice.

Medical Officers of the Department, Health Visitors and Public Health Inspectors made some 180 visits in connection with reported cases of confirmed or suspected infection. The utmost vigilance is maintained in regard to food preparing premises and the co-operation of hoteliers and firms processing food materials is very much appreciated.

Notification of Infectious Diseases (Corrected)

<i>Notifiable Disease</i>	<i>All ages</i>	<i>0-5</i>	<i>5-15</i>	<i>15-45</i>	<i>45-65</i>	<i>65 and over</i>
Scarlet Fever	20	7	11	2	—	—
Whooping Cough	1	1	—	—	—	—
Measles	128	50	76	2	—	—
Tuberculosis (respiratory) ..	6	—	—	3	2	1
Tuberculosis (other forms) ..	2	—	—	—	—	2
Infective Jaundice	37	3	17	15	1	1
Totals	194	61	104	22	3	4

Medical Arrangements for Long-Stay Immigrants

In accordance with Ministry of Health Circular 3/65 notification of entry into this country is received from the Port of Entry Authority of

long-stay immigrants who intend to reside in Eastbourne. Details are given below of the notifications received and the number of successful contacts in 1972.

It should be noted that the Eastbourne Hospitals Group in co-operation with this Department, made their own contact with immigrants employed by them.

LONG-STAY IMMIGRANTS

Notification of arrival	43
-------------------------	----	----	----	----	----

COUNTRY OF ORIGIN

Commonwealth Countries:

Carribean	..	..	..	..	1
India	..	..	..	..	2
Other	..	..	..	..	2

Non-Commonwealth Countries:

European	..	..	..	..	4
Other	..	..	..	..	34
					—
					43
					—

Successful contacts made by:

Public Health Inspectors	..	..	..	2
Health Visitors	..	..	..	6
Eastbourne College	..	..	..	4
Eastbourne Hospitals	..	..	..	22
				—
				34
				—

Public Health Laboratory Service

Pathology investigations were carried out on behalf of the department at the Public Health Laboratory, Brighton, and the Pathological departments of the Eastbourne Hospitals.

Acknowledgment is made to the Pathologists for their ready assistance and co-operation.

Sexually Transmitted Diseases

Information was supplied to the department by the Eastbourne Hospital Management Committee, which is responsible for the treatment of venereal diseases. Two weekly sessions were held at the treatment centre at the Princess Alice Hospital—Mondays for women and children and Wednesdays for men.

New cases attending the centre from the Hospital Catchment Area are shown in the table on page 52.

<i>Local Health Authority area of residence patient</i>	<i>Totals all condi- tions</i>	<i>Number of new cases in the year</i>				
		<i>Syphilis</i>		<i>Gonor- rhoea</i>	<i>Other Genital Infec- tions</i>	<i>Other Condi- tions</i>
		<i>Primary and Sec- ondary</i>	<i>Other</i>			
Eastbourne ..	226	—	—	12	99	115
Elsewhere in Great Britain	13	1	—	12	—	—
Not known ..	1	—	—	1	—	—
Totals 1972	240	1	—	25	99	115
1971	156					

SECTION D

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply	Sewerage and Sewage Disposal
Public Baths	Report of the Chief Public Health Inspector

WATER SUPPLY

The Eastbourne Water Company, responsible for the supply within the Borough, has a well-equipped laboratory and the closest co-operation is maintained between Mr. L. A. Green, Chief Chemist, and officers of this Department on all matters appertaining to bacteriological and chemical standards of the supply.

For very many years we had been under the impression that all domestic premises in the Borough were supplied by mains water, and it came as a very great surprise (and embarrassment) to realise that this was, in fact, not so, and that one such property in the Willingdon area relied exclusively upon water from a shallow well. Bacteriological samples of the well water indicated gross contamination, and it was a happy relief that, due to informal representation made by the Public Health Inspector, the owners were persuaded to abandon this source of supply and to have a mains supply installed.

The Eastbourne Corporation owns extensive areas of the downland, which is also a catchment area for the Eastbourne Water Company, and as parts of the downland are farmed by tenant farmers, there are in existence agreements which enable the Corporation to restrict agricultural practices where the interests of a pure water supply are threatened. These agreements, which are regularly reviewed, restrict the amount of fertilisers likely to cause any increase in the nitrate content of the water, and also prohibit the use of organic fertilisers.

Independently of the Water Company's own sampling programme, the Public Health Inspectors submitted 216 samples of mains water for bacteriological examination, and these all proved to be of a very satisfactory standard.

The following is a typical analytical report upon a sample from mains supply:

Appearance—Bright and clear
 Odour —None.
 Colour —Less than 10 Hazen.

CHEMICAL RESULTS IN MILLIGRAMMES PER LITRE

Total solids	..	..	..	..	360
Chlorine (as chloride)	..	..	..	..	42
Ammoniacal Nitrogen	..	..	..	..	0.01
Albuminoid Nitrogen	..	..	..	..	0.02
Oxygen absorbed in 4 hours	..	..	..	..	0.20
Nitrate Nitrogen	..	..	..	..	5
Nitrite Nitrogen	..	..	..	..	None
Hardness (total)	..	..	..	..	221
Hardness (carbonate)	..	..	..	..	184
Hardness (non-carbonate)	..	..	..	..	37
Alkalinity	..	..	..	..	184
Metallic impurity—Iron (Fe)	..	..	..	..	0.01
Copper (Cu)	..	..	..	..	0.035
Other metals	..	..	..	..	Absent
p.H.	..	..	..	..	7.2
Residual Chlorine (at time of receipt)	..	..	..	..	0.01
Cyanides	..	..	..	..	None
Phenols	..	..	..	..	None
Arsenic	..	..	..	..	None
Fluoride	..	..	..	..	None
Lead	..	..	..	..	None

REMARKS: The sample represents a moderately hard water of excellent organic purity and low salinity the reaction of which was neutral, i.e. the water was not markedly acidic nor alkaline. The water was free from any excessive trace of metallic contamination and the nitrate content was low.

As judged by the chemical analysis the water, as sampled, was suitable for drinking purposes.

The average content of fluoride in the supply is of the order of 0.12 mg./l.

SEWERAGE AND SEWAGE DISPOSAL

The generalities of the sewage and sewerage disposal systems within the Borough remain as recorded in previous Annual Reports, and no difficulty was experienced in respect of contamination of the foreshore. Bacteriological samples of sea water from points along the foreshore which prior to the installation of the new outfall gave dubious bacteriological results, were quite satisfactory.

In so far as the small number of privately operated sewage disposal systems to individual houses in the Langney area is concerned, that is, septic tanks or cesspools, with the extensive developments now taking place, or envisaged, in that area, arrangements are being made to ascertain whether it is practicable to secure that the houses they serve can be connected direct to main sewers.

PUBLIC BATHS

Old Town Swimming Baths

The Old Town Swimming Baths, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is under the control of the Health Department. Breakpoint chlorination conditions are maintained and once every four hours the whole of the water in the pool is circulated through two pressure filters.

Twenty-seven samples of water were taken for bacteriological examination, and one for chemical examination, all of which were satisfactory.

The numbers using the bath during the year were:

Organised parties—

Local Authority Schools	..	..	..	36,526
Youth Organisations	..	..	..	5,034
General Public	..	..	..	15,747

Seaside Baths

Thirty individual baths are provided, 15 for males and 15 for females. The number of persons using these baths were:

Men	..	..	..	..	5,606
Women	..	..	..	..	1,378
Retired persons (admitted at reduced prices)	..				3,349
Children	..	..	..	..	303

Devonshire Swimming Baths

The Devonshire Swimming Baths (under the control of the Entertainments Department) comprise two indoor sea-water baths of 70,000 and 13,000 gallons capacity respectively, the larger bath being in use during the summer months only. The baths are filled initially with filtered sea water and wastage made good as required. The water is continuously recirculated and filtered through two rapid gravity filters, chlorinated, aerated and heated to a temperature of 72° F–74° F. The circulation period is approximately 4½ hours, when both baths are in operation.

During the year 50 samples of water were submitted for bacteriological examination, all of which showed that a high bacteriological standard is being maintained.

Other Swimming Baths and Pools

Eight other pools, three privately owned, and the other five at schools and colleges are in use; 82 samples were taken from these pools and, generally, were of a satisfactory bacteriological standard. Four samples were taken from the Paddling Pool in Princes Park.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, M.A.P.H.I., M.R.S.H.

When reflecting upon the work carried out by the Public Health Inspectorate during the year under review I am only too conscious of the fact that it was only possible to maintain routine work, and that very little scope was given for extension. This was due to the acute shortage of Inspectoral staff which lasted for many months; indeed, at one stage the Section was operating with three Inspectors only.

This shortage was the result of the difficulty in recruitment of suitable Inspectors following the retirement of Mr. G. N. Richards, who had so faithfully served the Corporation since 1935, and whose vast store of local knowledge of the area supervised by him has become very evident since he left us; the resignation of Mr. T. Matthews, Senior Inspector, on being appointed Chief Public Health Inspector of the Borough of Gosport, who will be remembered by many for his able contribution to the housing scene with which this Section is so intimately involved; and the resignation of Mr. G. Rutland, who came to us as a Student, and after qualifying as a Public Health Inspector spent one year in the Section as a District Public Health Inspector before rightly deciding to broaden his experience with another authority. Indeed, it was not until the autumn that we were again back to the required strength.

Although at the time of writing the concept of the part which the Public Health Inspectorate will play in the newly created District Council seems to be fairly clear, it must be remembered that in the early part of 1972 the position generally throughout the country was not clear, and this undoubtedly had a bearing on the lack of response to repeated advertisements for Inspectors.

I cannot allow this occasion to pass without recording my very sincere appreciation to all staff of the Section, old and new, for their loyal support so cheerfully given and, in particular, I would like to thank those who during the period of staff shortages helped to carry the burden uncomplainingly.

General Summary

Visits and inspections made by the Public Health Inspectors in 1972:

For general public health purposes	2,494
Inspections under the Housing Acts, etc. ..	1,800
In connection with food and to food premises ..	2,728
Infectious disease control visits and investigations	169
Prevention of Damage by Pests Act, 1949 ..	280
SO ₂ and Smoke Recordings	528
Offices, Shops and Railway Premises Act, 1963	401
Visits for miscellaneous purposes	1,027
	<hr/>
	9,427
	<hr/>
Food animals inspected at slaughterhouse ..	7,433

FOOD HYGIENE REGULATIONS

The following table gives details of food premises subject to the Food Hygiene (General) Regulations, 1970:

	No.	<i>No. fitted to comply with Regulation 16</i>	<i>No. to which Regulation 19 applies</i>	<i>No. fitted to comply with Regulation 19</i>
Bakers and Bakers' Shops ..	37	37	37	37
Butchers	40	40	40	40
Confectioners	58	59	32	32
Dairies	1	1	1	1
Fish and Fried Fish ..	23	23	23	23
Fruiterers and Greengrocers ..	57	57	49	49
Grocers, Provision and General Stores	102	102	102	102
Hotels and Guest Houses, etc.	410	410	410	410
Meat Depots	3	3	3	3
Ice Cream Manufacturers ..	10	10	10	10
Ice Cream Stores	1	1	1	1
Public Houses with Open Bars	62	62	62	62
Restaurants, Cafes and Snack Bars	134	134	134	134
Residential Homes, etc. ..	40	40	40	40
Schools	41	41	41	41
Slaughterhouse	1	1	1	1
Wholesale Manufacturers ..	2	2	2	2

Commensurate with the staffing position, this aspect of our work continued as in previous years and consequent upon some reallocation of duties of the Inspectoral staff during the latter part of the year it is anticipated that in future even more emphasis can be placed on this subject.

No undue difficulties were experienced during the year in the implementation of the current Food Hygiene Regulations, and contraventions noted were dealt with on an informal basis by the Inspector concerned but, even so, some proprietors of food businesses needed more prodding than others.

The achievement of good food hygiene standards is a never-ending battle and whilst the structure and equipment aspect of premises is of great importance, without the co-operation of food-handlers the best-laid-out and equipped premises quickly become suspect. Indeed, it is the education of food-handlers which is of paramount importance, and we are again greatly indebted to the College of Further Education for permitting us to participate in lectures on food hygiene and allied subjects to students who, in varying capacities, will be entering the food industry. We are also indebted to some of the larger food firms who allowed us to give talks to their staff.

Slaughtering and Inspection of Food Animals

PREMISES

The one slaughterhouse in the Borough continued to be licensed and operated. Certain additional improvements were effected by the owners during the year under review to bring the premises into line with current hygiene standards. They are, of course, old premises and the achievement of this objective has only been made at considerable expense, and I am appreciative of the efforts of the owners of the slaughterhouse and their continued co-operation with officers of this Department for the maintenance of reasonable standards.

INSPECTION

The number of animals slaughtered was slightly higher than in previous years, this increase being accounted for by the number of pigs dealt with. The inspection of all meat at the slaughterhouse is carried out on a rota basis by the District Public Health Inspectors and a one hundred per cent. ante- and post-mortem examination of all animals and carcasses was observed.

No abnormal incidence of any specific disease or condition was noted during the year, and although the percentage of cattle found to be affected with cysticercosis showed an increase on the previous year, the single cysts found were in a degenerative state and only on one occasion was it necessary to adopt cold storage procedure.

Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	1,152	12	75	2,369	3,825
Number inspected	1,152	12	75	2,369	3,825
<i>All diseases except Tuberculosis :</i>					
Whole carcases condemned	2	7	3	10	13
Carcases of which some part or organ was condemned	498	5	2	153	1,027
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci	43.4	100.00	6.6	6.3	27.2
<i>Tuberculosis only :</i>					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	3
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.08
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned	12	—	—		
Carcases submitted to treatment by refrigeration	1	—	—		
Generalised and totally condemned	—	—	—		

Diseases of Animals Acts and Orders

All the Public Health Inspectors are appointed as Inspectors for the purposes of the Diseases of Animals Acts, but as there were no incidents of the scheduled diseases the work involved was entirely of a routine nature. There was one licensed plant in the Borough for the boiling of waste food and this was inspected to ensure compliance with the Diseases of Animals (Waste Foods) Order, 1967.

In the middle of December there was an outbreak of Swine Vesicular Disease in Staffordshire and, since the symptoms, etc., are clinically indistinguishable to those of Foot and Mouth Disease, the general control conditions applicable to the latter disease were brought into effect. Extra vigilance was taken by the Inspectors at the local slaughterhouse and, although not obligatory, it was decided, as an additional precautionary measure, that vehicles leaving the slaughterhouse were to be disinfected with an approved disinfectant.

Food Premises

Visits and inspections made to food premises were as follows:

Dairies	56
Milk Distributors	89
Ice Cream Manufacturers	127
Ice Cream Retailers	160
Bakehouses	65
Butchers' Shops	119
Wholesale Meat Depots	45
Meat Products Preparation Premises	21
Fish Shops	27
Fried Fish Shops	24
Other food shops and stores	255
Hotel and Restaurant Kitchens	771
School Kitchens	43
Residential Establishment Kitchens	17
Stalls and Vehicles	90
In connection with unfit food	152
In connection with food complaints	171
Slaughterhouse	550

The following premises were registered under Section 16 of the Food and Drugs Act, 1955, for the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale:

Butchers' Shops	29
Grocers' and Provision Stores	12
Fried Fish Shops	9

Milk and Dairies Regulations

The Milk (Special Designation) Regulations, which came into operation in 1965, require that only the following designations may be used in relation to milk:

- Pasteurised
- Sterilised
- Untreated
- Ultra-heat Treated

Although accurate figures are a little difficult to obtain, it is known that over 99 per cent. of the milk sold in the town is pasteurised, the remainder being made up of the other designations.

There is one pasteurising establishment in the town, with whom the fullest co-operation is maintained in securing the highest possible standards in handling and treatment of milk supplies. Some milk is also supplied from the same company operating at Bexhill and another company at Brighton.

(a) REGISTRATION OF DAIRIES AND DISTRIBUTORS

- (i) The following were registered under these regulations:

Dairies (premises)	..	..	..	2
Distributors (persons)	..	..	..	105

Of these, three distributors sell cream only.

- (ii) Licences granted to use the special designations indicated:

To pasteurise milk	..	..	..	1
Dealers' Licences to use the designation				
"Pasteurised"	..	..	..	95
Dealers' Licences to use the designation				
"Sterilised"	..	..	..	23
Dealers' Licences to use the designation				
"Untreated"	..	..	..	5
Dealers' Licences to use the designation				
"Ultra-heat Treated"	..	..	..	24

(b) SAMPLING OF MILK

Milk distributed in the Borough is sampled for the following purposes:

- (i) *Chemical Analysis:*

To ensure that the legal minimum standards for fat and milk solids (not fat), (*i.e.* 3 per cent. and 8.5 per cent. respectively) are complied with. In the case of Channel Island Milk the requirement is 4 per cent. and 8.5 per cent.

In all samples submitted for this purpose, the minimum standards were exceeded.

- (ii) *Bacteriological Examination:*

To assess

- (a) The bacteriological or cleanliness standard; and
(b) The efficiency of any heat treatment to which the milk has been subjected.

The following table indicates the samples submitted and the results of the appropriate tests:

Class of Milk			No. of Samples Tested	Appropriate Tests	Number of Samples	
					Passed	Failed
Pasteurised	..	..	100	Phosphatase ..	100	—
				Methylene Blue	98	2
Untreated	..	..	2	Methylene Blue	2	—
Sterilised	..	..	19	Turbidity Test	19	—
U.H.T.	..	..	16	Loop Test ..	16	—

- (iii) *Examination for the presence of tuberculosis:*

Although, of course, milk in this country for distribution for human consumption may only be produced from herds which are attested, that is, cows which have been clinically shown to be tubercle free, it is still

regarded as an important protection measure that milk which is not subjected to heat treatment should be systematically checked for the presence of *M. tuberculosis*. Twelve such samples were taken for this specific purpose, and all proved negative.

(iv) *Examination for the presence of Brucella abortus*

In order to detect the presence of *Brucella abortus*, which may be the cause of undulant fever in man, samples are taken on a rota basis and submitted to the Public Health Laboratory. They are subjected to an initial milk ring test which, whilst not being conclusive in character, acts as a very reliable preliminary screening test. In all samples submitted a negative result was noted and confirmed by further bacteriological tests (guinea pig inoculation).

(v) *Penicillin Test*

The injection of penicillin-based therapeutic substances, possibly as a “Do it yourself” measure on farms, can be the cause of relatively high residual trace of the substance in the milk itself. Therefore, for this purpose eleven samples were subjected to the prescribed test to determine the presence or otherwise of penicillin, and all proved negative.

Manufacture and Sale of Ice Cream

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 16 of the Food and Drugs Act, 1955, was:

(a) Wholesale manufacturer	..	..	1
(b) Manufacture and retail sale	..	..	8
(c) For the sale of ice cream	..	..	169

Of the 287 visits made to these premises, 127 were to manufacturer’s premises and 160 to retailers.

Our seasonal programme of regular bacteriological sampling of ice cream produced and/or sold within the Borough was again followed, and to a great extent was concentrated on the “soft” variety and the “bulk” or “loose” ice cream dispensed individually from cans. It is pleasing to note that the very great majority of the samples were classified in Grades 1 or 2, and where unsatisfactory samples (Grades 3 and 4) were obtained, appropriate examination of the hygienic practices was undertaken, advice given, and regular sampling over a period carried out until higher grading was achieved.

During the year 324 samples were taken for this purpose, and the results are shown below:

Grade	Premises				Mobiles			
	1	2	3	4	1	2	3	4
Soft Ice Cream ..	15	16	14	4	4	4	3	1
Other Ice Cream	154	78	16	4	3	4	3	1

Unfit Food

During the year 152 special visits were made in connection with the examination and certification of foodstuffs considered, for a variety of reasons, to be unfit for human consumption, and the following is a list of food voluntarily surrendered by traders and disposed of by burning at the Churchdale Road Refuse Pulverisation Plant:

Apples (boxes)	4	Meat (cans up to 4 lbs.) ..	168
Baby Food (cans and jars) ..	12	Meat (cans over 4 lbs.) ..	16
Biscuits (pkts.)	12	Meat and Offal (lbs.) ..	714
Breadcrumbs (lbs.)	56	Meat Pie	1
Butter (lbs.)	498½	Milk (cans)	48
Cake Mix (pkts.)	17	Milk, dried (cans)	4
Caramel Topping (pkts.) ..	3	Milk Puddings (cans) ..	127
Cereals (pkts.)	75	Mince meat (lbs.)	18
Cheese portions	31	Pastry (pkts.)	3
Chocolate, drinking (cans) ..	1	Peanut Butter (jars) ..	6
Coffee, instant (cans and jars)	9	Potato Crisps (pkts.) ..	96
Coffee (botts.)	2	Poultry (lbs.)	1,144
Confectionery (lbs.)	228	Poultry (cans)	6
Cooking Oil (botts.)	9	Salt (pkts.)	53
Cornflour (pkts.)	3	Sandwich Spread (jars) ..	1
Cream (jars and cans)	35	Sausages (lbs.)	2
Custard Powder (cans)	8	Sauces (botts.)	21
Fish (cans)	263	Soft Drinks (cans and botts.)	80
Fish (stone)	46½	Soup (pkts. and cans) ..	61
Flour (lbs.)	1	Spices (jars)	7
Frozen Food (pkts.)	3,800	Sponge Pudding (cans) ..	1
Fruit (cans)	3,349	Stuffing (pkts.)	1
Fruit, dried (lbs.)	104½	Suet (pkts.)	1
Ham (lbs.)	129½	Sugar (lbs.)	42½
Honey (lbs.)	4	Tea (lbs.)	¾
Hot Dog Sausages	5	Tea Bags (pkts.)	11
Ice Cream (galls.)	16	Treacle (cans)	3
Jam and Marmalade (lbs.) ..	204	Vegetables (cans)	1,380
Jelly (pkts.)	2	Vegetables, dried (pkts.) ..	11
Malt Drinks (cans and jars) ..	9	Vinegar (botts.)	10

Excellent liaison has been established with most of the multiple firms in the town who readily contact this Department in the event of any foodstuff coming into their possession with which they are not completely satisfied. In no instances was it necessary to resort to seizure of food in accordance with the procedure laid down in the Food and Drugs Act, 1955.

Food Complaints

One hundred and twenty-one complaints were received from members of the public in connection with food purchased. This shows a very slight increase over the previous year. As usual, a very wide variety of foodstuffs were involved and approximately 50 per cent. of the complaints related to foreign bodies being found.

In previous reports I have referred to the importance which we attach to these complaints, and of the protracted investigations and enquiries that are often involved, and this has in no way declined during the year under review. I firmly believe that our objective in this field should not be primarily motivated to punitive action, but that it is of fundamental importance to try to ensure that as a result of our investigations and

deliberations similar trouble is avoided in the future, and it is, perhaps, with some satisfaction I know that as a result of our "advice" or "pressure" positive action has been taken by firms to prevent the recurrence of various incidents. In the food manufacturing industry the use of metal detectors has become increasingly common and whilst such equipment is of inestimable value it has been established that on occasions too much reliance has been placed upon this piece of equipment which is exceedingly sensitive.

The usual complaints were received concerning pre-packed food and coding. The Food Standards Committee towards the end of the year issued its report and recognised the need for new legislation to increase the protection of the consumer and to assist the retailer. They came down very strongly in favour of open date marking of such foods, but it seems likely it will be some three years or so before these proposals can be put into effect. I strongly welcome the proposals outlined in the report which I am sure will do much to allay the concern of the public, particularly over "short life" food.

In preparation for the coming into force of the new more stringent Labelling of Food Regulations we took the opportunity to discuss with manufacturers and retailers the new requirements of the Regulations so that labelling could be amended accordingly.

Sampling of Food and Drugs

We are again grateful for the co-operation of Mr. T. Rymer, the Public Analyst. 150 informal samples were submitted to the Public Analyst, of which 15 were found to be unsatisfactory. Twelve of the samples taken were drugs. The following gives particulars of samples which the Public Analyst reported as being unsatisfactory. In each case the matter was taken up with the manufacturer or retailer and necessary action taken.

FRUIT JUICE—This article was not orange juice but it consisted of an artificially coloured soft drink with an unpleasant taste due to the flavourings having been oxidised.

LINIMENT—85 per cent. deficient in Liq. Ammon. Fort. compared with the amount stated to be present.

MEAT PASTIE—20 per cent. deficient in meat content.

MEAT FLAVOURING—The sample consisted mainly of hydrolysed vegetable protein, yeast extract, salt and monosodium glutamate but the word "Beef" appeared predominantly on the label. In the opinion of the Public Analyst the label was misleading.

MEATLESS STEAKS—The article was misdescribed. It consisted of chunks and pieces, not steaks, of a vegetarian food in sauce the proportions of solid food to sauce being 54 per cent. and 46 per cent. respectively.

MINCED MEAT (two samples)—These samples contained 160 and 130 parts per million respectively of sulphur dioxide the presence of which was contrary to the requirements of the Preservatives in Food Regulations, 1962.

MENTHACOL—The article was described as “unique hot drink remedy for colds” and “clears blocked-up nose”. There was nothing unique about this preparation for cold relief and it was of little use in bringing relief to blocked-up noses. The carton was also misleading in appearance as although the pack appeared quite large externally only five adult doses were present.

PASTA WITH MEAT—(Chow Mein). The article was stated to contain diced beef but the ingredient present was re-formed or processed beef.

PASTE—The sample was labelled Ham and Beef Meat Paste but bacon, not ham, was present.

PRESERVES—Two areas of green-grey mould of the *Penicillium* organism were present on the surface of the covering paper resting on top of the marmalade. The sample was deficient in soluble solids.

SLEEP COMPLEAT—50 per cent. deficient in Vitamin B6 compared with the amount stated to be present.

STEWED STEAK WITH GRAVY—The contents of the can were unsatisfactory because a considerable quantity of skin and gristle was present.

TONIC—40, 52, 18 and 92 per cent. deficient in Vitamin B6, Nicotinamide, Iron and Phosphorus compared with the amounts stated to be present. Furthermore, there was no justification for any reference to nicotinic acid, iron, phosphorus, calcium and amino acids to be made on the label.

WHITE PEPPERS—The sample contained a small number of whole black peppers.

Bacteriological Sampling (other than milk and ice cream)

Seven samples of cream and cream products and three of sausage rolls from local factories were taken and returned as satisfactory.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no pasteurising plants in the area and no samples have been taken.

HOUSING

It is fully recognised that in Eastbourne we are not confronted with areas of what are popularly referred to as “slums” but, even so, the housing field is one in which we cannot relax and we must at all times endeavour to see that individual houses are at least of a standard to comply with the minimum requirements of the Housing Act or, alternatively, that they are closed or demolished. Having said that, it must be acknowledged that there are many hundreds of tenanted houses in the town which, whilst not being unfit for human habitation according to the legal definition contained in Section 4 of the Housing Act, 1957

are, nevertheless, sub-standard because they lack one or more of the five basic amenities, *i.e.* bath, wash-hand basin, sink, hot and cold water supply and internal water closet. It is, of course, true that grants are available for the improvement of such houses, but these, in the main, have not been sought after for tenanted houses. The powers given under Section 19 of the Housing Act 1969, where tenants can make representation to the local authority to take measures to secure the improvement of their houses to the "five-point standard" have made but little impact here, and I am of the opinion that it is time for the legislators to look again at the whole complex subject of housing and that local authorities should be given powers to require in suitable cases the improvement of tenanted houses to at least the standard mentioned.

It may be argued that there is provision for this available in the form of General Improvement Areas, but this procedure is not only lengthy and involved, but has regard to many other environmental factors which, whilst generally of great merit, are not of the same essential need to the occupants as the internal amenities. I would suggest that for local authorities such as Eastbourne, where the number of houses which, having regard to prescribed standards, could be classified as "unfit for human habitation and not capable of being repaired at reasonable cost" is minimal, but where there are considerable numbers which, because of lack of amenities, are sub-standard, subject to the appropriate Ministry being satisfied that it would be reasonable and practicable to do so in the particular area, they should be given powers to require the necessary higher standards.

In our dealings with housing matters we must also be mindful of the legislative provisions regarding overcrowding of houses and, indeed, on occasions we are specifically called upon to adjudicate in this respect. For this we must necessarily have regard to a standard laid down in the Housing Act, 1957, and this standard is a repeat of that which was promulgated for the first time in 1935. It is a very low standard indeed, and whilst at the time of its introduction there were cogent reasons for its being so, it is certainly not at all helpful in the assessment of overcrowded situations under present-day conditions. It is a standard based upon actual floor area inter-related with the number of rooms, *i.e.* bedrooms and living rooms in the whole of the dwelling, and having regard to the sociological and other changes which have rapidly taken place in the post-war era the standard is, in my opinion, completely incompatible with present-day assessments, and it is considered a long overdue requirement for legislation to be introduced basing the overcrowding standard on a more realistic appraisal.

Inspections made by the Public Health Inspectors for housing purposes were:

Dwelling Houses (Housing Acts)	..	..	363
Dwelling Houses (Public Health Acts)	..	..	96
Improvement Grants	..	..	476
Re-visits	..	..	217
Surveys	..	..	648

Housing Report

The following is the total of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1972:

A. HOUSES DEMOLISHED DURING THE YEAR	
In or adjoining Clearance Areas declared under Section 42 of the Housing Act, 1957	Nil
Not in or adjoining Clearance Areas (as a result of action under Section 16 or 17 (1) Housing Act, 1957	15
Number of houses included in above which were previously reported as closed in pursuance of Closing Orders	15
B. UNFIT HOUSES CLOSED DURING THE YEAR IN PURSUANCE OF CLOSING ORDERS OR UNDERTAKINGS	
Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	11
Number of separate dwellings contained therein	11
Under Sections 17 (3) and 26, Housing Act, 1957	Nil
Parts of Buildings closed under Section 18, Housing Act, 1957	3
C. NUMBER OF PERSONS DISPLACED DURING THE YEAR	
From houses to be demolished in or adjoining Clearance Areas	Nil
From houses to be demolished not in or adjoining Clearance Areas	Nil
From houses to be closed	4
From parts of buildings to be closed	5
D. NUMBER OF FAMILIES DISPLACED DURING THE YEAR	
From houses to be demolished in or adjoining Clearance Areas	Nil
From houses to be demolished not in or adjoining Clearance Areas	Nil
From houses to be closed	2
From parts of buildings to be closed	5
E. UNFIT HOUSES MADE FIT	
After informal action by Local Authority by owner	26
After formal notice under Sections 9 and 16, Housing Act, 1957:	
By owner	Nil
By Local Authority	Nil
After formal notice under Public Health Acts	9
After modification or revocation of a Clearance Order under Section 21, Housing Act, 1961	Nil
After determination of a Demolition Order under Section 24, Housing Act, 1957	Nil
After determination of a closing order under Section 27, Housing Act, 1957	10

F.	HOUSES IN WHICH DEFECTS WERE REMEDIED (other than unfit houses made fit) after formal notice under Public Health Acts	2
G.	UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957) Retained for temporary accommodation under Section 48: Number of houses Number of separate dwellings contained therein ..	Nil Nil
H.	PURCHASE OF HOUSES BY AGREEMENT Houses in Clearance Areas other than those included in confirmed or compulsory purchase orders	Nil

Improvement Grants

One hundred and thirty-nine applications for Improvement Grants were received during the year, 15 less than the record number received during the previous year. Six applications were refused for the following reasons:

An application for the formation of a double bedroom in the roof space of a house already comprising four bedrooms and three reception rooms was not considered to justify a grant as the accommodation already available was adequate for the six persons resident in the house.

In two cases the properties had been closed for some years and had deteriorated to such an extent that it was considered the very extensive works necessary to give them a satisfactory life of 30 years did not justify Improvement Grants. The owner subsequently applied for and was granted Standard Grants.

An application to convert a house which had previously been converted into three self-contained flats, each comprising three rooms, bathroom and toilet, into nine bedsittingroom flatlets, and another to divide a self-contained flat in a large, expensive block of similar flats, into two flats, one a bedsittingroom flatlet, were not considered to merit Improvement Grants.

The remaining application was refused because the property was not considered to have a satisfactory life of 30 years.

Twenty-six applications for Standard Grants were received, one being refused as all the necessary amenities already existed in the house.

Three applications for Special Grants were received, two of which were approved. The remaining application was not approved because the works proposed would not have brought the property up to the Council's minimum standards for houses in multiple occupation.

Of the above, 8 Standard and 21 Improvement Grant applications were combined with applications for Qualification Certificates.

During the year, works of improvement were completed at 25 properties with the aid of Standard Grants, 123 with Improvement Grants, and 6 houses in multiple occupation were provided with additional amenities with the aid of Special Grants.

Qualification Certificates

Sixty-eight applications for Qualification Certificates were received during the year, of which 29 were combined with applications for either Standard or Improvement Grants. Four applications were refused, and during the year 18 Provisional and 82 Qualification Certificates were granted.

Houses in Multiple Occupation

Owing to staff shortage, particularly on the housing side, during several months of the year, it was not possible to make as much progress as we would have liked in our endeavours to bring all houses in multiple occupation up to the Council's minimum standards for such properties. However, in spite of this, additional amenities were provided by the owners at thirteen properties, so bringing them up to standard, and in one case the necessary works were carried out by the local authority in default. In addition, three properties reverted to single occupation, two were converted into self-contained flats, and three large properties were demolished for development purposes.

Since 1966, when our programme to improve these properties commenced, a total of eighty-seven houses have been provided with the necessary additional amenities, forty have reverted to single occupancy, four have been converted into self-contained flats, two into guest houses and three demolished.

General Inspections for Public Health Purposes

Visits and inspections made by the Public Health Inspectors for the above purposes were:

Complaints investigated	..	..	..	592
Camping Sites and Moveable Dwellings	..	..	..	42
Places of Public Entertainment	..	..	..	38
Swimming Baths	..	..	..	180
Drainage and Plumbing Works	..	..	..	153
Land Charges Enquiries	..	..	..	68
Stables and Piggeries	..	..	..	23
Smoke Observations	..	..	..	172
S.O.2 recordings	..	..	..	356
Factories	..	..	..	123
Outworkers' Premises	..	..	..	21
Noise Abatement	..	..	..	107
Corporation Establishments	..	..	..	47
Nursing Homes and Old Persons Homes	..	..	..	38
Verminous Premises	..	..	..	125
Re-visits	..	..	..	409
Infectious Disease Investigations	..	..	..	169
Rodent and Pigeon Control	..	..	..	280
Miscellaneous visits	..	..	..	1,027

Statutory Notices under the Public Health Act, 1936

Most owners of property comply with the requirements of informal notices, but it was necessary during the year to serve the following formal notices:

Section 17—To remedy stopped-up drains . .	4
Section 93—To abate nuisances	10

Caravan Sites and Control of Development Act, 1960

There are four licensed sites within the Borough, with a total of 180 caravans. Of these, 122 were used as holiday caravans only. All sites comply with the requirements of the Act. The conditions attached to one licence were reviewed in the light of changed circumstances, and in consultation with the Chief Fire Officer, and the necessary amendments made.

Rag Flock and Other Filling Materials Act, 1951

Six premises are registered by the local authority under the provisions of this Act, and inspections are made to ensure that the requirements as to cleanliness of materials and bedding are complied with.

Pet Animals Act, 1951

Six applications for licences to keep pet shops were received, all of which were granted.

Animal Boarding Establishments Act, 1963

One application to keep an animal boarding establishment was received during the year, and a licence granted.

Riding Establishments Act, 1964

One application was received for a licence to keep a riding establishment, and a licence granted.

Fertilisers and Feeding Stuffs Act, 1926

The principal purpose of this Act is to ensure that certain analytical data in respect of fertilisers of the soil, and of feeding stuffs for cattle and poultry, are declared by means of a "statutory statement".

Four samples of fertilisers were submitted to the Agricultural Analyst during the year, and all were reported on as being within the prescribed limits of variation for their respective contents.

Clean Air Acts, 1956 and 1969

We continued our daily observations of smoke and sulphur-dioxide readings for the purpose of the National Survey still being carried out by the Department of Trade and Industry (Warren Springs Laboratory) and the average level of the two constituents, whilst showing a very slight drop over the previous year, was not sufficient to be of any real significance. The levels of concentrations are, of course, well below that which pertain in some industrial areas of the country.

Smoke from demolition fires was one of the biggest sources of complaints to the Section during the year, the public generally being under the impression that burning on demolition sites is prohibited. This, of course, is not so, and under the Clean Air (Emission of Dark Smoke) (Exemption) Regulations, 1969, it is permissible provided certain conditions are complied with to minimise the emission of dark smoke. Very close co-operation is maintained with the officers of the Fire Brigade on this matter.

One application was received and approved in connection with the height of a chimney to be erected to serve a new furnace.

Noise Abatement Act, 1960

There is no doubt that the intrusion of "noise" into the lives of ordinary people has become of increasing importance as an environmental health feature and is consequently a subject with which we must become more deeply involved. The science of sound and its physical interpretation is a very complex subject and during the year Mr. A. Matthews, Deputy Chief Public Health Inspector, attended a special course on the subject.

The number of complaints dealt with by the Section has, nevertheless, been relatively small, fourteen complaints being received, of which six were considered to be substantiated.

For the purpose of investigation, 107 visits were made, some involving very late night and early morning attendances. Traffic noise is probably amongst the greatest sources of town noise to which we are subjected, and it is obvious that as time progresses this aspect will need to receive greater attention.

Bacteriological Sampling, other than of Food

For bacteriological examination, a total of 216 samples of mains drinking water were taken. Of these, 189 samples were submitted to the Eastbourne Water Company and 27 to the Public Health Laboratory. In addition, 8 samples were taken of water from a shallow well which it was discovered was the only supply to a house in the Willingdon area of the Borough.

As a safeguard to our swimmers, 163 samples of water were taken from our swimming and paddling pools.

Offices, Shops and Railway Premises Act, 1963

Due to the depletion of staff during part of the year, the number of inspections which it was possible to carry out under this legislation was somewhat restricted. Nevertheless, 339 premises received a general inspection. Despite the reduction in the number of inspections, the contraventions found showed an increase over the previous year but, for the most part, related to matters which were easily rectified after informal representations were made to the occupiers.

Although the number of accidents reported showed an increase over the previous year, it was still obvious that, in the main, these incidents

are only being reported by the larger multiple firms, and it is very rare to receive reports from the smaller shop or office. It is inconceivable that accidents do not sometimes occur in such premises and, at the end of the year, we were considering further measures that could be taken to try to ensure that all such accidents are reported when they occur.

LIFTS AND HOISTS

Although no specific problems have been encountered in connection with lifts and hoists, it is thought that perhaps the Public Health Inspector could play a more constructive role if there was available to him some organised course or centre which he could attend to enable him to more fully understand the intricacies of the subject.

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of premises receiving a general inspection during the year</i>
Offices	12	293	50
Retail shops	39	583	183
Wholesale shops, warehouses ..	6	44	33
Catering establishments open to the public, canteens ..	5	131	72
Fuel storage depots	—	2	1
TOTALS	62	1,053	339

TABLE B

Number of visits of all kinds by Inspectors to registered premises 401

TABLE C—ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES

<i>Class of workplace</i>	<i>Number of persons employed</i>
Offices	4,085
Retail shops	3,399
Wholesale departments, warehouses ..	577
Catering establishments open to the public ..	1,493
Canteens	81
Fuel storage depots	15
TOTAL	9,650
Total Males	4,529
Total Females	5,121

TABLE D—EXEMPTIONS—Nil.

TABLE E—PROSECUTIONS—Number instituted and completed during the year—Nil.

TABLE F—INSPECTORS

Number of Inspectors appointed under Section 52 (1) or (5) of the Act	8
Number of other staff employed for most of their time on work in connection with the Act	Nil

ANALYSIS OF CONTRAVENTIONS FOUND

<i>Section</i>	<i>Number of contraventions found</i>
4—Cleanliness	8
6 { Temperature	2
{ Provision of thermometer	28
7—Ventilation	4
8—Lighting	3
9—Sanitary Conveniences	10
10—Washing Facilities	12
11—Drinking water	1
12—Clothing	3
15—Eating Facilities	1
16—Floors, passages and stairs	12
17—Fencing exposed parts of machinery	2
24 { First Aid	15
{ Abstract of Act	36
Hoists and Lifts	7
TOTAL	144

REPORTED ACCIDENTS

<i>Workplace</i>	<i>Number reported</i>		<i>Total number investigated</i>	<i>Action recommended</i>			<i>No action</i>
	<i>Fatal</i>	<i>Non-Fatal</i>		<i>Prosecution</i>	<i>Formal warning</i>	<i>Informal advice</i>	
Offices	—	6	4	—	—	—	6
Retail shops	—	19	12	—	—	1	18
Wholesale shops, warehouses	—	10	8	—	—	2	8
Catering establishments, open to public; canteens	—	3	3	—	—	—	3
TOTALS	—	38	27	—	—	3	35

ANALYSIS OF REPORTED ACCIDENTS

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to the public; canteens</i>
Machinery	—	2	—	—
Falls of persons	3	5	6	2
Stepping on or striking against object or person	1	4	1	—
Handling goods	1	6	2	1
Use of hand tools	—	2	—	—
Other causes	1	—	1	—
TOTALS	6	19	10	3

FACTORIES ACT, 1961

1. Inspection for purposes of Provisions as to Health

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the local Authority	48	16	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	250	81	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	75	26	1	—
TOTALS	373	123	1	—

2. Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	3	2	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ..	16	8	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	1	1	3	—	—
TOTAL ..	23	14	3	1	—

Part VIII of the Act—Outwork

SECTIONS 133 AND 134

Class of Work	Section 133		
	No. of Outworkers in August list required by Section 133	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists
Wearing apparel	22	—	—
Curtains and furniture hangings ..	11	—	—
Scooter and moped accessories ..	8	—	—
Cabinet and furniture making ..	2	—	—
TOTAL	43	—	—

SECTION 134

There were no instances of work being done by outworkers in unwholesome premises.

Construction (Health and Welfare) Regulations, 1966

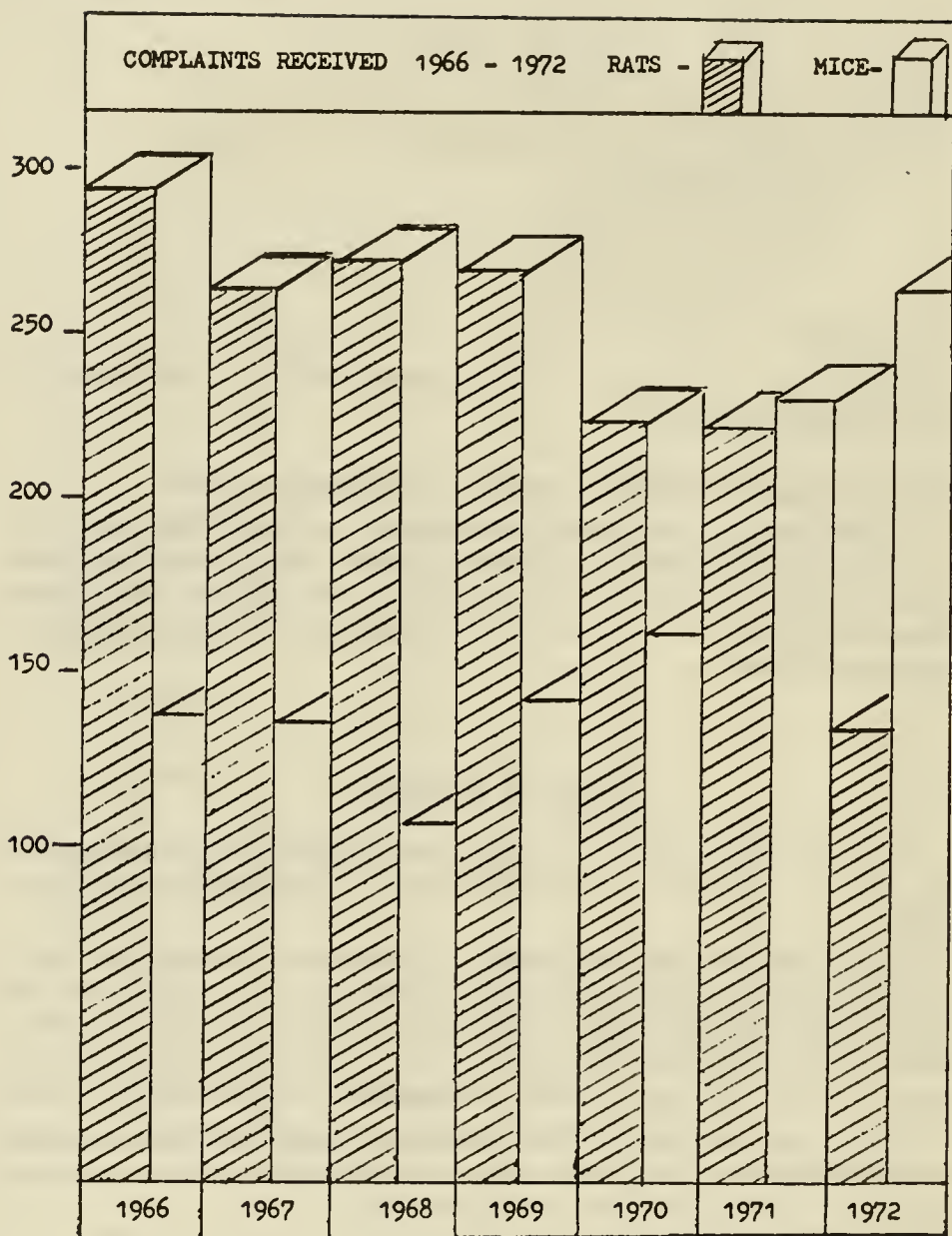
Redevelopment and building necessitated 26 visits being made to building sites to enforce the provisions of these regulations brought in under Sections 7 and 127 of the Factories Act. In one case it was necessary to serve an informal notice regarding provision of sanitary accommodation.

RODENT CONTROL

The destruction of rats and mice was carried out by the Rodent Operatives in accordance with the Prevention of Damage by Pests Act, 1949.

During the year, 402 complaints of rodents were received and dealt with, of which 136 concerned rats, the remainder being in respect of mice. The operatives made 3,381 visits in respect of rodent control, and a further 159 visits were made by the Public Health Inspectors in cases in which there were special circumstances or difficulties involved.

It is interesting to see from the following graph that over the last few years complaints of mice have shown a tendency to increase, whereas complaints of rats have been on the decrease.



Again, no resistance to Warfarin was noted amongst the rat population, but as noted in last year's Annual Report, this is extremely evident in the mouse population, with the result that the task of dealing with mice infestation is far more time-consuming, since it is not possible to use an anti-coagulant poison. We await, with interest, the manufacture of some poison which will enable us to deal with mice more effectively.

The following table gives details of rodent control carried out during the year:

	<i>Type of Property</i>				
	(1) <i>Local Authority</i>	(2) <i>Dwelling Houses</i>	(3) <i>All other (including business premises)</i>	(4) <i>Totals of Cols. (1) (2) and (3)</i>	(5) <i>Agri-cultural</i>
1. Total number of properties (including nearby premises) inspected following complaint	39	350	120	509	—
Number of such properties found to be infested by:					
(i) Rats	15	88	26	129	—
(ii) Mice	17	179	64	260	—
2. Total number of properties inspected for rats/mice in the course of <i>survey</i> (i.e. not as a result of complaint)	—	25	24	49	—
Number of such properties found to be infested by:					
(i) Rats	—	—	1	1	—
(ii) Mice	—	2	—	2	—
3. Treated by Operators	32	269	91	392	—
4. Visits for all purposes	176	1,893	1,312	3,381	—

Number of block control schemes carried out—7.

Insect Infestations

It has now become a regular feature of the work of the Section to be asked by householders to identify innumerable insects which have been found under a variety of circumstances, and whilst, generally, we are able, through experience, to give an identification, in any doubtful case we submit the specimens to the Pest Infestation Control Laboratory of the Ministry of Agriculture, Fisheries and Food for positive identification, and we are most grateful indeed to the officers of that Department for their ready help and expert advice.

Generally speaking, householders are advised of the best methods of dealing with the insects concerned and the troubles appear to be overcome, but where necessary householders and others are recommended to obtain the services of a specialist insect eradication firm.

Pigeons

Pigeons continued to be the source of a number of complaints to the Department. A steady inroad was, however, made into the pigeon population and 749 were destroyed during the year, 100 by trapping at strategic points and 649 by shooting. Both these operations were very strictly controlled and supervised.

Wasps

The summer season again produced a considerable number of complaints regarding wasps and 76 nests were destroyed by the Rodent Operators, often working in difficult situations. The standard charge for the work involved remained at 75p.

SECTION E

MISCELLANEOUS

Nursing Homes

Nurses Agencies

Midwives Act, 1951

Staff Medical Examinations

Cremation

Meteorology

NURSING HOMES ACT AND REGULATIONS

The relevant Acts and Regulations with regard to registration and inspection of nursing homes continues to be administered by the Council and authorised Officers of this Department.

The Nursing Homes Act, 1963 and the Conduct of Nursing Homes Regulations provide, amongst other matters, for adequate and competent staffing, adequate space, furnishing and nursing equipment, together with sufficient sanitary and washing facilities, light, heating and ventilation. The Council, as registration authority, has considerable powers of supervision to ensure that nursing homes meet and maintain the required standards.

There were two new registrations and two cancellations of registration and at the end of the year 17 Homes were registered providing a total of 277 beds.

NURSES AGENCIES ACT

Two licences in respect of existing agencies were renewed. The records of the Agencies were satisfactory on inspection by an authorised member of the Department.

MIDWIVES ACT, 1951

The local health authority is the local supervising authority for the purposes of the Midwives Act, 1951.

During the year 34 midwives notified their intention to practice of whom 8 were domiciliary midwives and 26 in the hospital service.

STAFF MEDICAL EXAMINATIONS

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination. Only in those cases in which the Medical Officer of Health is not satisfied with the answers is a physical examination carried out.

Number of medical examinations made:

Sick Pay	7
Superannuation	40
Public Service Vehicle licence renewals ..	13
	<hr/>
TOTAL	60
	<hr/>

Number of medical statements scrutinised ..	508
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In addition to the above, 60 examinations were carried out on candidates for admission to training colleges. There were also 11 sessions at the Eastbourne College of Education for students who had completed their training.

MOTOR VEHICLE DRIVING LICENCES

Consequent upon the Motor Vehicle (Driving Licence) Regulations 1970 the number of referrals to medical staff of the department has increased. In the course of the year medical opinions with the co-operation of general practitioners or consultants were rendered to the Local Taxation Officer upon 23 cases.

THE EASTBOURNE CREMATORIUM

DUTIES AS MEDICAL REFEREE

As Medical Referee to the Eastbourne Crematorium, a growing number of applications and medical certificates require scrutiny and not infrequently follow-up enquiries before the appropriate authority to cremate is issued.

The following statistics of certificates signed since the Crematorium opened in 1960:

1960	872	1967	1,713
1961	1,078	1968	1,956
1962	1,295	1969	2,014
1963	1,459	1970	2,216
1964	1,494	1971	2,155
1965	1,542	1972	2,390
1966	1,624		

METEOROLOGY

Borough Meteorologist: S. A. HALL

Although the rainfall in January was below average, rain fell on 24 days of the month. It was the coldest month of the year, with temperatures a little below average. Sunshine was recorded on 11 days and three inches of snow was lying on the 31st.

With 21 rain days and sunshine well below the average, February continued dull, but reasonably mild, with mean temperatures 2° F. above the average.

Mean temperatures in March were higher than usual with strong winds at the beginning and end of the month, gales being recorded on the 7th, 12th and 27th. Sunshine was well above the average, whilst rainfall was a little below.

April commenced wet and windy with rain falling on 19 days of the month. Sunshine was below average, whilst rainfall and temperatures were above. There was a mild dry period from the 20th to 27th but this came to an end with a gale on the 29th.

Conditions throughout May were just below the 80-year average, a calm month until strong winds occurred on the 26th, 27th and 28th.

June temperatures were a little below the average, as was the sunshine. Rain which fell on 15 days gave an above average rainfall and winds of moderate strength were persistent throughout most of the month.

Temperatures in July were average, with sunshine a little below normal. Ten days of rain were recorded, but amounts were very slight on each day and the total rainfall was one inch, which was 1.24 inches below the average for the month.

August was the sunniest and driest month of the year with only 0.85 inches of rain recorded. Winds were light to moderate throughout the period and sunshine was recorded every day. Mean temperatures were below average.

September was a dry month with both rain days and rainfall well below the monthly average and although the sunshine was below average there were only three days when none was recorded. Temperatures were below average whilst winds were light to moderate throughout the month and air pressure remained high throughout.

With only 0.91 inches of rain recorded against an average of 3.75 inches, October was a very dry month, rain falling on only 6 days. Temperature and sunshine hours were average and no strong winds were recorded.

During November temperatures were about average, whilst recorded sunshine showed an increase of 11.9 hours above the 80-year average, and although rainfall was less than usual for this month, it was the wettest month of the year. There was a fall of snow on the morning of the 17th which quickly melted.

The month started with strong, gale force winds, these moderated after the first week and December temperatures and sunshine were well above average. There were 16 rain days but amounts were below average.

The Station was inspected by Mr. Walton of the Meteorological Office of the Air Ministry on 21st August 1972. He reported that the site was fully maintained, the instruments in very good order and properly exposed.

Summary of Observations

AIR PRESSURE (MEAN SEA LEVEL)

Daily Average:

9 a.m.	..	..	..	..	..	30.043 inches
6 p.m.	..	..	..	..	..	30.039 ..

AIR TEMPERATURE

Daily Average:

Maximum	..	..	..	..	55.5 degrees
Minimum	..	..	..	..	46.3 ..
Combined	..	..	..	..	50.9 ..
Range	..	..	..	..	9.2 ..
At 9 a.m.	..	..	..	..	51.1 ..
At 6 p.m.	..	..	..	..	52.8 ..
Warmest day: 16th July	..	..	..	..	78.0 ..
Warmest nights: 17th, 18th, 19th, 20th July and 7th August	..	..	..	..	62.0 ..
Coldest day: 30th January	..	..	..	..	30.0 ..
Coldest night: 31st January	..	..	..	..	22.0 ..

SUNSHINE

Total	..	..	..	..	1,726.3 hours
Daily average	..	..	..	..	4.71 ..

RAINFALL

Total	..	..	..	..	23.35 inches
Rain days	..	..	..	..	172 days

HUMIDITY

Daily average:

9 a.m.	..	..	..	..	81 per cent.
6 p.m.	..	..	..	..	77 ..

WINDS

Percentage of 9 a.m. and 6 p.m. observations:

<i>Direction</i>						<i>Percentage</i>
N.	..	..	..	..	..	16.26
N.E.	..	..	..	..	..	5.60
E.	..	..	..	..	..	9.29
S.E.	..	..	..	..	..	9.56
S.	..	..	..	..	..	12.03
S.W.	..	..	..	..	..	9.03
W.	..	..	..	..	..	26.37
N.W.	..	..	..	..	..	7.93
Calm	..	..	..	..	..	3.93
Prevailing Winds	..	..	..	..	..	West
Snow and sleet recorded on	..	..	..	..	..	3 days
Thunderstorms recorded on	..	..	..	..	..	2 "
Fog (9 a.m.) recorded on	..	..	..	..	..	7 "
Gales recorded on	..	..	..	..	..	13 "
Air Frost recorded on	..	..	..	..	..	4 "
Ground Frost recorded on	..	..	..	..	..	52 "

Monthly Averages for 80-year Period 1888-1972 (Excluding War Years—1942—1946 no observations)

Month		Air Temperature					Mean Sea Temperature	Sunshine		Rainfall	
		Means of			High-est	Low-est		Total hours	Daily hours	Inches	Rain Days
		Maxi-mum	Mini-mum	Max. and Min. Com-bined							
January	..	45.2	36.8	41.1	56 1922 1923	12 1940	42.4	61.7	1.99	3.01	16
February	..	45.2	36.5	40.8	58 1897	15 1929 1947 1956	41.2	83.4	2.94	2.23	14
March	..	48.3	38.2	43.2	66 1929	18 1909	42.8	138.1	4.45	2.17	13
April	..	52.9	41.5	47.2	77 1924	27 1922	46.9	178.0	5.93	1.91	13
May	..	59.0	47.1	53.1	78 1922	32 1935 1941 1956	52.9	234.7	7.57	1.72	11
June	..	63.9	52.1	58.0	86 1957	38 1962	58.6	240.4	8.01	1.89	11
July	..	67.1	56.0	61.6	90 1911	43 1919	62.5	235.4	7.59	2.24	11
August	..	67.5	56.4	62.0	86 1947	41 1907	63.7	217.0	7.00	2.64	14
September	..	64.8	52.4	58.1	82 1929	27 1919	60.6	172.5	5.75	2.48	12
October	..	58.3	47.8	53.0	71 1921	28 1931	56.5	124.0	4.00	3.75	15
November	..	51.3	42.1	46.7	63 1927	25 1923	49.9	71.7	2.39	3.88	16
December	..	46.9	38.7	42.8	59 1907	17 1908	45.3	54.1	1.75	3.56	17
Year	..	55.8	45.5	50.6	90	12	51.9	1811.0	4.95	31.48	163

Monthly Averages, 1972

Month		Air Temperature				Mean Sea Sea Tem- pera- ture	Sunshine		Rainfall		
		Means of			High- est		Low- est	Total hours	Daily hours	Inches	'Rain' Days
		Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January	..	44.4	37.4	40.9	51	22	42.6	38.2	1.23	2.63	24
February	..	45.9	39.4	42.7	49	25	42.8	51.5	1.78	2.05	21
March	..	50.5	40.5	45.5	61	32	44.3	180.5	5.82	1.79	15
April	..	53.4	43.9	48.7	61	38	48.0	158.1	5.27	2.58	19
May	..	57.6	47.8	52.7	66	41	52.6	216.2	6.97	1.40	17
June	..	59.5	50.2	54.9	66	45	56.8	218.0	7.27	2.51	15
July	..	66.7	56.1	61.5	78	50	61.7	203.2	6.56	1.00	10
August	..	66.9	55.6	61.3	71	50	62.6	229.3	7.40	0.85	6
September	..	62.4	50.7	56.7	71	45	59.0	156.8	5.23	1.25	6
October	..	58.1	49.1	53.6	64	38	54.5	124.9	4.03	0.91	6
November	..	50.7	42.1	46.4	58	33	49.6	83.6	2.79	3.28	17
December	..	49.6	42.4	46.0	55	32	47.1	66.0	2.13	3.10	16
Year	..	55.5	46.3	50.9	78	22	51.8	1726.3	4.71	23.35	172

1972 Monthly Variations from Average

Month	Maximum Temperatures °F.	Minimum Temperatures °F.	Sea Tempera- tures °F.	Sunshine Hours	Rainfall Inches
January ..	-0.8	+0.6	+0.2	-23.5	-0.38
February ..	+0.7	+2.9	+1.6	-31.9	-0.18
March ..	+2.2	+1.2	+1.5	+42.4	-0.38
April ..	+0.5	+2.4	+1.1	-19.9	+0.67
May ..	-1.3	+0.7	-0.3	-18.5	-0.32
June ..	-4.4	-1.9	-1.8	-22.4	+0.62
July ..	-0.4	+0.1	-0.8	-32.2	-1.24
August ..	-0.6	-0.8	-1.1	+12.3	-1.79
September ..	-2.4	-1.7	-1.6	-15.7	-1.23
October ..	-0.2	+1.3	-2.0	+ 0.9	-2.84
November ..	-0.6	-	-0.3	+11.9	-0.60
December ..	+2.7	+3.7	+1.8	+11.9	-0.46
Year ..	-0.3	+0.8	-0.1	-84.7	-7.13

SCHOOL HEALTH SERVICE

CONTENTS

1. Number of School Children
2. Clinics
3. School Hygiene
4. Medical Inspections and Consultations
5. Work of School Nurses
6. Arrangements for Treatment
7. Child Guidance and School Psychological Service
8. Handicapped Children
9. Special Tuition
10. Dental Services
11. Colleges of Education
12. Medical Inspection and Treatment Returns

Introduction to the Annual Report of the Principal School Medical Officer for 1972:

To the Chairman and Members of the Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In anticipation of reorganisation, the comments relating to certain sections of this report have been combined with similar sections in the main body of the report of the Medical Officer of Health, notably Dental Health, Environmental Health, and Health Education.

The infant welfare and school health sections are now effectively working as one child health service, but the report has been separated to allow comparison with the work and statistics of previous years.

Yours faithfully,

KENNETH O. A. VICKERY,

Principal School Medical Officer

December 1973

EDUCATION COMMITTEE

(as constituted at 31st December 1972)

The Mayor

MR. COUNCILLOR J. W. ROBINSON

Chairman :

MR. ALDERMAN SIR SYDNEY CAFFYN, C.B.E.

Deputy Chairman :

MR. COUNCILLOR C. H. LACEY

ALDERMAN C. F. BAKER

ALDERMAN MRS. K. J. UNDERHAY

Councillors :

G. J. ANDERSON
A. G. BANFIELD
P. S. BROCKWELL
J. L. CROSS
D. ST. CLARE DAWSON
W. J. EVENDEN
MRS. U. E. G. GARDNER
C. V. HORRIDGE
N. F. NICHOLSON
MRS. W. E. OUZMAN

Co-opted Members :

REV. CANON I. C. DOCKER
REV. CANON T. J. LYNCH
REV. B. J. WOODWARD
MR. J. W. BALL
MR. A. G. RUSSELL
MRS. M. F. WIGHAM

1. NUMBER OF SCHOOL CHILDREN

The number of children on the school registers on reopening in January 1972 was 8,154 and 8,158 at the end of the year. There were 1,171 children admitted during the year and the net increase compared with the end of 1971 was 263.

The average attendance of children for the year was 7,586 a percentage of 93.2.

TOTAL NUMBER OF CHILDREN

At Primary Schools	..	..	..	..	4,712
At Secondary Schools, including Grammar Schools	..				3,303
At Special Schools	..	..	..	..	143

2. CLINICS

Speech Therapy

From September 1972 the Speech Therapist visited all the schools and held clinics in the following centres:

Birling Street Clinic
Hampden Park Youth Centre
Winifred Lee Health Centre

Child Guidance

22 Tideswell Road	} Wednesday 10 a.m. to 8 p.m. and Friday 10 a.m. to 1 p.m. Daily
Psychiatrist	..	..
Educational Psychologist	..	..

Ophthalmic

St. Mary's Hospital	Special sessions fortnightly, Friday 1.45 p.m.
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Dental

Avenue House	Daily 9 a.m. and 2 p.m.
Anaesthetic sessions	Monday and Friday 9.30 a.m.

Chiropody

District clinics as and when required.

Slimming

Avenue House	Tuesday 4.30 p.m. monthly
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3. SCHOOL HYGIENE

(a) Environment

Both medical staff, during their visits to schools, and the Public Health Inspectors, specifically for the purpose, keep a watchful eye on the standard of hygiene in these establishments. It is inevitable that from time to time certain minor defects or standards which fall below those which can reasonably be accepted occur, and action is taken to correct these. In the main, however, it is to the credit of those concerned at all levels that good standards are maintained. There are still a few older school buildings remaining which are difficult to maintain to the necessary level, and it is a regrettable feature of these schools that the sanitary accommodation is "outside".

Catering hygiene in all schools is of high quality and reflects credit upon the supervisors of the kitchens concerned and, in particular, upon Miss Groves, School Meals Organiser. The catering staffs are very hygiene-conscious and, indeed, because of their vigilance, it was found necessary to institute legal proceedings against suppliers of food to the kitchens for using dirty containers.

No case of food poisoning, or other illness which was associated with meals prepared or consumed on school premises was brought to the notice of the Department.

Personal Hygiene

Selective inspections totalling 20,138 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice was 57.

This decrease in numbers was mainly due to the intensive efforts of the school nursing staff who included the visiting and treating of families in their own homes in order to curb the spread or recurrence of infestation.

4. MEDICAL INSPECTIONS AND CONSULTATIONS

PERIODIC MEDICAL INSPECTION

The parents of all children who have reached the age of $4\frac{1}{2}$ years are given the opportunity to bring them to the Clinic for a pre-school medical check-up. This medical examination counts as a full periodic medical inspection. The parent is invited to complete a pre-school profile which is sent to the Head Teacher of whichever infants' school the child is to be admitted. This form gives helpful information concerning the child's family background, illnesses and possible problems which may occur. Included in this medical examination is hearing and vision testing and this is repeated during the child's third term in school. Defects found at this examination can often be treated or an appointment with a specialist arranged before the child's admission to school. Some 539 children had this examination.

Emphasis on the importance of early treatment of dental caries in pre-school children is made and the School Dental Officer attends one of the Clinics in order to see these children at the time of the medical examination. Parents are encouraged to bring along younger members of the family for dental inspection and also are invited to use fluoride drops for their children to prevent dental disease.

Those children who for some reason have not had a pre-school medical examination are included for a periodic medical inspection during their third term in the infants' school. At the same time, parents of children who have had pre-school examinations are sent a letter stating that the School Doctor will be visiting the school and asking if there are any problems concerning their child which they would like to discuss. In connection with this 31 forms were returned.

Fourteen-year-olds are also given periodic medical examinations when the emphasis is on fitness for ordinary working life. At the same time they are given booster doses of Polio and Tetanus if necessary. The boys are also given colour vision tests.

The Careers Officer was notified of the 402 schoolchildren who had had their final school medical examination and were fit for all types of employment. Form Y9 was issued in respect of 29 children, indicating types of employment for which they were not suitable, and advice was given regarding the employment of children with specific handicaps.

The Head Teachers, who naturally have the children under constant observation, assist greatly by returning forms to the Department indicating problems or defects which they have noticed in children due for medical inspection or re-inspection or whom they wish to be examined. During the year 72 such forms were returned.

The total number of children examined was 768 of whom 86 had defective vision or other significant defects requiring treatment (excluding dental disease). These figures include entrants into the area who were not up to date with their medical examinations and examinations given to pupils remaining at school beyond the school-leaving age.

An assessment of each child's physical condition was made. In every case it was satisfactory.

OTHER EXAMINATIONS

School Medical Officers visit each school, every term, to examine children about whom parents, teachers or the school nurse, request advice. Ninety-eight children were brought to notice in this way. Follow-up examinations of children with defects found at earlier inspections totalled 1,268. Consultations and examinations were also carried out at school clinics when necessary.

INDEPENDENT SCHOOLS

Whilst the Independent Schools do not participate in the formal arrangements for school medical examinations, the School Health Service is used freely in respect of individual services such as Child Guidance, Speech Therapy, Ascertainment of Handicaps, Immunisation and control of communicable disease.

5. WORK OF SCHOOL NURSES

	<i>Sessions</i>			
Medical Inspections	161
Preparation for Medical Inspections	2
Hygiene Inspections	116
Vaccination, Immunisation and B.C.G. in schools	22
Audiometric Testing	39
Vision Testing	99
Dental Clinics	30
Minor Ailment Clinics	99
	<i>Visits</i>			
Home visits to Schoolchildren	176
Other School Visits	7

6. ARRANGEMENTS FOR TREATMENT

Children with defects are referred to their family doctors, to hospital for specialist opinion, or the School Clinic for treatment of minor ailments and other special defects.

MINOR AILMENT CLINICS

Total number of children who attended .. .. .	..	..	..	446
Total attendances made .. .. .	..	..	..	1,917
Total number of defects treated .. .. .	..	..	..	446

Conditions treated :

Scabies	..	..	..	..	..	5
Ringworm	..	..	..	..	..	1
Impetigo	..	..	..	..	..	13
Eye Disease (external)	..	..	..	..	..	12
Ear diseases	..	..	..	..	..	2
Other skin disease (boils, septic conditions, etc.)	..	..	..	..	..	310
Miscellaneous (sprains, burns, cuts, etc.)	..	..	..	..	..	99
Pediculosis	..	..	..	..	..	4
						<hr/> 446 <hr/>

VISUAL DEFECTS

All children up to the age of 14 referred for eye testing for the first time are sent to the Hospital Eye Clinic.

Unfortunately there remains a backlog of children who are overdue for retest. Where such cases are simple refractive error, and providing the Consultant agrees, these can be referred to the Supplementary Ophthalmic Service once they have reached the age of 10. New cases are of course seen without delay.

Thirty-seven children were referred to opticians by School Medical Officers and School Nurses. I would like to thank the local ophthalmic opticians who have co-operated by submitting reports on the children they examined.

During 1972 111 forms for the repair or replacement of spectacles under the National Health Service were issued to children.

EYE CLINIC

This takes place at St. Mary's Hospital under the supervision of Mr. F. N. Shuttleworth, D.O.M.S., Consultant Ophthalmic Surgeon. Orthoptic and other specialist treatment is available at this clinic.

					<i>New Cases</i>		<i>Old Cases</i>	
					<i>1971</i>	<i>1972</i>	<i>1971</i>	<i>1972</i>
Number of cases referred to Ophthalmic								
Clinic	..	..	..	..	110	134	183	216
Number of attendances made	..	..	..	..	147	165	197	229
Glasses prescribed	..	..	..	..	58	69	72	81

AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year 763 children were given a preliminary hearing test in school using pure-tone audiometers. 599 passed this test and 164 failed. 274 children were retested and in 162 cases hearing was satisfactory. Many of the 112 remaining cases were found to have recurrent deafness caused by catarrh and are being kept under observation.

As a result of tests 22 children were referred to the Ear, Nose and Throat Department of the local hospitals.

The arrangements for screening pre-school children for hearing defects have been continued and a register maintained of those who are at special risk of being deaf.

Supervision of children wearing hearing-aids in school has been continued so far as is possible by the school medical officers, but serious concern is felt at the lack of adequate supervision due to the continued absence of a full-time teacher of the deaf.

ORTHOPAEDIC DEFECTS

Unfortunately, it has not been possible to arrange remedial exercises for children who need them. The Head Teachers are notified of children in their schools who have these defects with a request that the P.E. teacher's attention is drawn to the matter. In other cases letters are sent to the parents of such children describing exercises which can be done at home, and all cases are kept under observation by the School Doctors.

SPEECH THERAPY

Report of Speech Therapist: Miss Lorna C. Vickery, B.Sc.

Miss P. Blackmore left early in 1972 following which there was no service for nine months until my appointment in October, which I was only able to accept on a temporary basis before proceeding overseas.

The situation as I found it was a considerable backlog of work plus a caseload in relation to population greater than could properly be managed by a single-handed speech therapist. I was also made aware of numerous serious cases of adults who urgently required speech therapy but where likewise the post of speech therapist in the Eastbourne Hospitals remained unfilled.

It was necessary, therefore, to be highly selective in the work undertaken and inevitably some schools were left unattended and many children did not receive the frequency of treatment required. The use of a departmental "Mini" helped considerably in breaking the backlog in the schools. Conditions in the schools varied considerably in regard to adequate surroundings for treatment as did the understanding of teachers. Unfortunately it did not prove possible during my short time in office to include the E.S.N. and S.S.N. schools.

Although conditions for effective work were perhaps above average in Eastbourne, I strongly commend to the Authority the recommendations of the Government (Quirk) Report published during the year, particularly those relating to accommodation, supportive staff and speech therapists' aides. Further attention to these matters could greatly increase the effectiveness of any speech therapist employed of which there is an acute national shortage.

CLINICS					Sessions
Winifred Lee Health Centre	..	..	..	..	38
Motcombe Infants	..	..	..	..	12
Hampden Park Youth Centre	..	..	..	..	8
Hampden Park Infants	..	..	..	..	7
Roselands Infants	..	..	..	..	4
Parklands	..	..	..	..	7
Avenue House	..	..	..	..	12
Birling Street	..	..	..	..	14
Downs School	..	..	..	..	9
Pashley Down Infants	..	..	..	..	16
Langney Primary	..	..	..	..	6
Bourne Infants/Juniors	..	..	..	..	6
Stafford	..	..	..	..	1
Administration	..	..	..	..	4
Total					144

Total number of school-aged children who attended during 1972	..	..	..	..	208
Total number of pre-school children treated during 1972					14
Number of school-aged children discharged	..	..			87
Total number of attendances made by pre-school children					65
Total number of attendances made by school children	..				508

7. EASTBOURNE CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

(a) CHILD GUIDANCE CLINIC

Number of new cases referred in 1972	..	..	82
Number of cases re-referred in 1972	..	..	21
			— 103
Number of cases carried forward from 1971	..		1
Cases withdrawn before diagnostic interview	..		18
Cases transferred to other agencies	..	..	3
Cases found to be living in other area	..	..	1
Number of cases on waiting list	..	..	14

Sources of referral

School Medical Officer	..	..	..	16
Schools	..	..	..	13
Private Doctors	..	..	..	25
Hospital	..	..	..	2
Parents	..	..	..	26
Director of Social Services	..	..	..	11
Educational Psychologist	..	..	..	9
Other sources	..	..	..	1
				— 103

Problems

Personality Disorder	19
Habit Disorder	11
Nervous Disorder	10
Behaviour Disorder	63
Examination for Court	3
Advice for Placement	6
School Refusal	11
Educational	17

How dealt with

Psychiatric treatment	23
Periodic supervision	5
Advice	17
Referred to Educational Psychologist	7
Referred to Social Worker	16
Awaiting Diagnostic Interview	14
	— 82

Summary of work carried out

Psychiatrist

Diagnostic interviews	63
Treatment interviews	357

Psychologist

Interviews for tests	60
Interviews with parents	37
School visits	55
Home visits	5

Social Worker (until 3rd November 1972)

Interviews in clinic	192
Home and other visits	168
Social Histories	47

Analysis of treatment cases closed during the year

(i.e., old and new cases seen by Psychiatrist in 1972 and previous years and discharged during 1972 according to the following categories):

Discharged—Improved	45
Not improved	21
After advice	11
Transferred	14
Unco-operative	14

(b) SCHOOL PSYCHOLOGICAL SERVICE

Number of new cases referred during 1972	..	80	
Number of cases re-referred during 1972	..	28	
		—	108
Number of cases carried forward from 1971	..		3
Number of cases moved from area	..		3
Number of cases not seen—home visit only, school attendance working satisfactorily at school refused appointments	.. ..		3
Number of cases on waiting list	..		15

Sources of referral

School Medical Officer	..	20	
Schools	..	75	
G.P. or Hospital	..	1	
Parents	..	8	
Director of Social Services	..	1	
Others	..	3	
		—	108
Number of cases seen during 1972	..		137

How dealt with

Advice only	..	25	
Placement in E.S.N. School recommended	..	9	
Placement in S.S.N. School recommended	..	1	
Other placement recommended	..	12	
Remedial Teaching undertaken	..	4	
Kept under observation	..	35	
Referred to Child Guidance Clinic	..	4	
		—	90

Summary of work carried out

Interviews for tests	..	154	
Interviews with parents	..	28	
Remedial teaching interviews	..	189	
School visits	..	132	
Home and other visits	..	102	

Analysis of Remedial Teaching cases

Number in attendance during 1972	..	12	
Number discharged improved	..	3	
Number discharged not improved	..	1	
Number unwilling to attend	..	1	
Number unwilling to continue	..	1	
Number left school	..	1	
Number moved to another area	..	1	

8. HANDICAPPED PUPILS

The three special schools, Downs, Lindfield and Hazel Court, provide for children who are unable to benefit from normal schooling. Admissions to these schools are made on the recommendations of the Senior Medical Officers on considering reports from such sources as the Child Guidance team, Head Teachers, Family Doctors and Hospital Consultants. In the case of the Downs and Lindfield Schools it is hoped that many of the children will eventually return to ordinary schools, and it is to this end that frequent inspections are made by the School Doctors concerned to follow-up the children's progress.

Children who are severely physically handicapped are educated in residential schools which are chosen, as far as possible, from those in areas closest to Eastbourne. These children are seen by a Medical Officer when they return home for the school holidays and their progress reviewed. Particular attention is paid to their training for future employment and in this connection there is a close liaison between the Careers Officer and the Medical Officers.

Hazel Court School trains children who have a severe mental handicap. The staff of the school train these children in social behaviour and educate them to the limits of their capabilities. The Senior Medical Officer visits the school frequently and recommends the transfer of pupils, who have made sufficient progress, to the Lindfield School.

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year:

	<i>In Residential Special Schools</i>	<i>In Special Day Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially sighted ..	—	—	—	—	—	—
Blind ..	3	—	—	—	—	3
Partially Hearing ..	2	1	12	—	—	15
Deaf ..	2	—	—	—	—	2
Delicate ..	—	12	2	—	—	14
Physically Handicapped ..	1	2	9	4	—	16
Educationally Subnormal ..	4	*76	—	—	—	80
Epileptic ..	2	1	—	—	—	3
Maladjusted ..	3	1	5	—	1	10
Speech ..	—	1	—	—	—	1
Autistic ..	1	—	—	—	—	1
Sub-normal ..	—	47	—	—	—	47
Totals ..	18	141	28	4	1	192

**This total includes three children from other authorities*

EPILEPTIC CHILDREN

There are 18 children who are known epileptics attending ordinary schools in the town (not on the Register of Handicapped Pupils).

CHILDREN FOUND TO BE UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act 1944 ..	—
Number of children reviewed under the provisions of Section 57A of the Education Act 1944	—
Number of decisions cancelled under Section 57A (2) of the Education Act, 1944	—

9. SPECIAL TUITION

One pre-school partially hearing child and one autistic child were given weekly speech and language development lessons at home. Tuition was given to four children whilst they were in hospital.

10. SCHOOL DENTAL SERVICE

STATISTICAL SUMMARY OF WORK

43 sessions were devoted to inspections
 837 sessions (including M. & C.W.) were spent on treatment
 11 sessions were spent on dental health education.
 7,923 children were dentally examined (95 per cent. of school population).

Treatment

Fillings inserted in permanent teeth	3,471
Fillings inserted in deciduous teeth	1,642
Permanent teeth filled	2,869
Deciduous teeth filled	1,475
Permanent teeth extracted (including 448 teeth extracted for orthodontic reasons)	768
Deciduous teeth extracted	957
General Anaesthetics administered	507
Dentures fitted	9
Children X-rayed	488
Number of children receiving scaling and gum treatment	96
Number of root fillings	21
Number of crowns and inlays	21

Orthodontic Treatment

New patients commenced	87
Cases completed	61
Cases discontinued	3
No. of fixed appliances fitted	2
No. of removable appliances fitted	127

11. COLLEGES OF EDUCATION

The Department has been privileged to continue to assist with administrative medical problems as they arise in the Colleges. We are

also grateful for the help given by students and staff to the children attending our special schools, and at the handicapped children's swimming club, held at Chelsea College Baths.

Members of the staff visited the Colleges during the year to give lectures on First Aid, Health Education and the Work of the School Health Service.

12. DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment)

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1972

Local Education Authority: COUNTY BOROUGH OF EASTBOURNE

Number of pupils on registers of maintained primary,
secondary, special and nursery schools in January, 1973 8,158

Part I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory		For defective vision (excluding squint)	For other condition recorded at Part II	Total individual pupils
		Number	Number				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	—	—	—	—	—	—	—
1967	61	61	—	—	2	3	3
1966	168	168	—	—	5	23	27
1965	37	37	—	—	1	4	5
1964	18	18	—	—	4	1	4
1963	15	15	—	—	3	1	4
1962	13	13	—	—	—	4	4
1961	19	19	—	—	2	4	6
1960	22	22	—	—	4	3	6
1959	13	13	—	—	1	2	3
1958	197	197	—	—	29	32	57
1957 and earlier	205	204	1	—	35	32	66
TOTAL	768	767	1	—	86	109	185

Column (3) total as a percentage of Column (2) total: 99·87%
Column (4) total as a percentage of Column (2) total: 0·13 %
to two places of decimals.

TABLE B—OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	98
Number of Re-inspections	1,170
Total .. .	<u>1,268</u>

TABLE C—INFESTATION WITH VERMIN

NOTES—All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	20,138
(b) Total number of individual pupils found to be infested	57
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Part II

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES—This part of the return should be used to give the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	12
Errors of refraction (including squint) ..	350
TOTAL	<u>362</u>
Number of pupils for whom spectacles were prescribed	81

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	29
(b) for adenoids and chronic tonsilitis ..	112
(c) for other nose and throat conditions ..	5
Received other forms of treatment	28
TOTAL ..	174
Total number of pupils still on the register of schools at 31st December 1972 known to have been provided with hearing aids:	
(a) during the calendar year 1972 (see note below)	2
(b) in previous years	16

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	—
(b) Pupils treated at school for postural defects ..	—
TOTAL ..	—

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	5
Impetigo	13
Other skin diseases	310
TOTAL ..	329

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics ..	92

TABLE F—SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	208

TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	103
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccination ..	432
(d) Other than (a), (b) and (c) above. Please specify	—
TOTAL (a)–(d) ..	535

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year at school? Yes.
- (b) If not, at what age is the first routine test carried out? —
2. At what age(s) is vision testing repeated during a child's school life? Annually 6–16 years.
3. (a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 14 years.
- (c) Are both boys and girls tested? Boys.

4. (a) By whom is vision testing carried out? School Nurse.
- (b) By whom is colour vision testing carried out? School Medical Officer.
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? Yes?
- (b) If not, at what age is the first routine audiometric test carried out? —
- (c) By whom is audiometric testing carried out? School Nurse.

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